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Original Articles.

ANALYSIS OF NINETY-SIX OPERATIONS FOR THE RELIEF OF TUBERCULOSIS OF THE TESTICLE.*

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PHILADELPHIA.

It is only within a recent period that the profession has begun to realize the fact that tuberculosis of the genito-urinary organs is a disease of very common occurrence; the infection by the tubercle bacillus taking rank next in point of frequency to the gonococcus. This has naturally resulted in attracting unusual attention, while the subject is being carefully studied by many of the most eminent men in the medical world; but, it is curious to note, after consulting the literature of the subject, what great diversities of opinion exist touching the most essential features of the disease as well as the best methods of treatment. During the past twelve years, as unusual facilities for observing and studying tuberculosis of the genito-urinary organs have fallen to the share of the writer, it has occurred to him that a brief account of his experience with one of the most common forms of the affection, tuberculosis of the testicle, might not be uninteresting to the profession and at the same time serve to shed some light on the questions that are as yet undecided and still under discussion. The cases operated upon are those that came under his cognizance at the Philadelphia Hospital and the Jefferson Medical College Hospital and may be classified as follows:

JEFFERSON HOSPITAL.

Localized tubercular abscess of the testicle	8
Tubercular abscess of the epididymis	2
Sinus of scrotum following tubercular abscess of testicle	3
Epididymectomy (single), partial resection of the vas deferens	13
Epididymectomy (single), complete resection of the vas deferens	4
Epididymectomy (double), partial resection of the vas deferens	4
Castration for tubercular testicle with radical cure of hernia	1
Castration with complete resection of vas deferens	8
Castration for tubercular testicle (single)	36
Castration, tubercular testicle (double)	3
Castration, resection of vas deferens and seminal vesicles	3

PHILADELPHIA HOSPITAL.

Castration, tubercular testicle (single)	4
Epididymectomy, partial resection of vas deferens	3
Epididymectomy, complete resection of vas deferens	1
Tubercular abscess, drainage and use of curette	3
Total	96

The foregoing exhibits a list of 55 castrations and 25 epididymectomies. The excess of the first-named operation is due to the fact that when many of the orchidectomies were performed, epididymectomy was not an established surgical procedure, but was generally unknown, although it had been performed as early as 1850 by Jarjavay. It is only within the last twelve years that contributions have been made to the literature of this subject; for these the profession is indebted to the pens of Bardenheuer, Tuffier, Villeneuve, Duplay, Humbert, Legars, Guyon, Mynter, Senn, Murphy, and Young, who have taught that the conservative course is the proper one to pursue when the epididymis alone is infected by the tubercular bacillus. Many cases where castration was performed would at the present time be deemed suitable for resection of the epididymis.

It is interesting to note that as far as can be ascertained the disease began in the epididymis in 48 cases, in the testicle in 27 cases, and in the remaining 21 cases the primary location of the disease was in:

Kidneys in	3 Cases
Prostate gland, vesicles, or bladder in	14 "
Lungs in	3 "
Hip joint in	1 "

HEREDITY AS AN ETIOLOGIC FACTOR.

Heredity seems to play but a slight rôle as a factor in cases of primary tuberculosis of the testicle in the adult, as in but a few instances could a predisposing family history be obtained. That the disease is in rare instances congenital is shown by the fact that a case is reported in the *British Medical Journal*, 1884, by Dreschfeld, of a child born with a tubercular testicle. Jacobson states that "Giralds is said to have met with a similar condition in an infant at term." Koenig saw a child in whom the disease developed a few days after birth. Tuberculosis of the testicle in children has been reported by Koenig, Lannelongue, and Julien; the latter records six cases, occurring in children under one year of age. This clinical evidence proves conclusively that heredity may be a factor in causing the disease. From the writer's experience he is inclined to believe that tuberculosis of the seminal glands in young children is so rare as to be ranked as a medical curiosity. Dr. Edwin Graham, Professor of Diseases of Children in the Jefferson Medical College, whose experience with dis-

* Read before the American Association of Genito-Urinary Surgeons, at Atlantic City, April 29-30, 1902.

cases of children is very large, at least three thousand patients being annually treated at his clinic, states in a personal communication that he has "never met with a case of the kind, either congenital or otherwise." This accords with the experience of the writer. Of the 96 patients who submitted to operations, the youngest was 15 years of age and the oldest was 61, the average being about 30. In rare instances the disease has been known to occur very late in life. Gibson reports a case under his care where the individual was 81 years old. In fact, tubercular diseases of the testicle in the very young, or in those advanced in years, is a very infrequent occurrence, the ailment being most commonly met with between the ages of 20 and 40, the time during which sexual vigor is most active. This view is in accord with that held by most observers.

TRAUMATISM AS A CAUSE.

Authorities differ as to the frequency of slight traumatism as a factor in the production of testicular tuberculosis. Jacobson, Lydston, Murphy and others incline to the belief that injuries so slight as to be soon forgotten, in many instances, after the lapse of several weeks, are followed by tuberculosis of the organ. This view is founded on the well-known fact that the bacillus gains ingress into the body through the skin, lungs, gastro-intestinal and genito-urinary tracts, entering the circulation most commonly, according to Bugge, by means of the mediastinal glands. Tubercle bacilli have been detected in the normal epididymis, testicle and circulation and a slight injury, which creates a "locus minoris resistentiæ," may so alter the tissue that the germ, which hitherto was harmlessly circulating in the blood or innocuously resting in an organ, may become obstructed in the inflamed area, finding a suitable soil for its multiplication, and thus giving rise to tubercular infection. The truth of this proposition has been demonstrated experimentally by injecting into the blood of the peritoneum of animals, sputum containing tubercle bacilli; and then bruising the testicle, when it has been found that tuberculosis of that organ almost invariably supervenes. It would appear, therefore, that anything that causes an inflammatory condition of the part will predispose to a tubercular disease of the testicle; hence, a gonorrheal epididymitis is frequently the forerunner of tuberculosis. Experience proves that when tuberculosis follows a gonococci infection of the epididymis that the disease is always located primarily in this structure; a knowledge of this fact has an important bearing on the proper method of treatment.

CAUSATION BY GONORRHEA.

A brief account of the following case will serve to exhibit the effect produced by the action of the gonococci as a predisposing cause of tubercular epididymis:

CASE 1.—J. H., 23 years of age, became an outdoor patient in the genito-urinary department of the Jefferson Hospital during the last week of July, 1900, suffering from an attack of acute anterior urethritis. About the middle of August he developed a severe attack of epididymo-orchitis of the right testicle and was admitted to the wards of the institution. In the course of two weeks the acute inflammatory symptoms subsided, leaving the globus minor hard, nodular, and tender; one week later it was found that the head of the epididymis was also similarly involved. There was still a slight mucoid discharge from the urethra. A bacteriologic examination showed that the gonococci had disappeared; tubercle bacilli could not be found. The condition was clearly a tubercular infection and an operation was advised. This diagnosis was not in accord with that of one of our colleagues who met the writer in consultation; he was inclined to look upon the condition as a chronic inflammatory condition following the gonorrheal infection. The epididymis together with a portion of the vas deferens was resected. The organ was found to contain cheesy masses which were tubercular, the globus minor containing a small circumscribed abscess about the size of a large pea. In this case no history of an hereditary tendency to disease could be obtained. The patient rapidly improved in health and strength and, when last seen a few weeks since, was in perfect health.

TUBERCULAR VARIETY OF INFECTION.

That a severe injury of the testicle is but rarely followed by a tubercular infection of the part is a fact to which the profession has assented since Volkmann first made the statement in 1855, who claimed that a severe injury was followed by such active tissue change during the process of repair that the growth and multiplication of the bacilli were prevented. That tuberculosis may occasionally follow a grave injury to the organ is elucidated by the following case:

CASE 2.—S. M., aged 40, occupation mounted policeman. Admitted to the Jefferson Hospital in October last. Stated that one year and a half previous to his admission, while on horseback, the animal unexpectedly bucked and threw him forward on the pummel of the saddle, striking the left testicle a severe blow which rendered him sick and faint. Intense pain in the part was experienced, the scrotum becoming enormously swollen and discolored. He was confined to his bed for six weeks, the inflammatory symptoms gradually subsiding, leaving the organ much enlarged and somewhat tender. Its normal size was not regained. He suffered considerable pain from time to time. Ten days before his admission to the institution, he again struck the organ a severe blow against the corner of an ash box. The scrotum immediately became distended and, according to the individual's statement, as black as his shoe, giving rise to greatly increased pain.

The scrotum was distended; there were pseudo-fluctuation and ecchymosis. The testicle was painful and the upper portion seemed to have undergone a cystic change, fluctuating on palpation. On opening the tunica vaginalis it was found to contain a small quantity of recent blood together with a disorganized blood clot, evidently the remains of an old hematoma. The upper portion of the testicle was the seat of a large abscess, and numerous large tubercular deposits were found throughout the organ. Report from the pathologic laboratory proved the organ to be tubercular.

ANATOMIC REASON FOR TUBERCULOSIS.

It is very difficult to procure a preceding history of cases that present themselves; where traumatism has occurred it is usually so slight that the patient can seldom recall the incident. It appears probable that in the majority of cases where there is a primary tubercular infection of the epididymis, without any predisposing cause being discovered, that the bacillus is carried to the organ by means of the blood. It is well known that this germ may be present in the circulation without producing harm; as has already been pointed out, it has even been detected in the normal testicle, the resisting power of the structure being lowered by an inherited tendency, traumatism, disease of the testicle, or gonorrheal orchitis. Saltzmann advances a theory which appears to be very reasonable; that is, that the frequency of a primary tubercular epididymis is due to an anatomic cause. It is well known that the spermatic artery bifurcates just before it enters the epididymis; this, with the fact that the vessels which ramify throughout the structure are smaller and more tortuous than those of the testicles, leads him to infer that the bacilli floating in the blood are more apt to become lodged in the epididymis than in the testicle. This idea seems to be verified by the clinical observation that in the primary infection the begin-

ning of the disease in the majority of instances will be found to be located in the globus major. Where the tubercular trouble is secondary to an infected focus in some other portion of the genito-urinary tract, the first part of the epididymis to become diseased is, as a rule, the globus minor, which is, as is well known, the usual seat of induration left by a gonorrheal epididymitis; so that a tubercular induration beginning in the lower portion of the epididymis often makes a differential diagnosis of the two conditions extremely difficult unless there is evidence to show that the condition of the testicle is due to a descending tubercular infection.

INFECTION VIA LYMPH CHANNELS.

Whether primary infection ever takes place through the lymph channels is a question which is still *sub judice*, and will probably remain so, since a convincing demonstration of an infection taking place in this manner does not seem possible. The consensus of opinion is that infection by this means must be extremely rare as the lymph current is directed away from the organ rather than towards it. That a secondary infection of different structures very commonly takes place by means of the lymph channels appears to be very probable when the investigations of the lymphatic vessels of the testicle by Most are considered; he used the method of injection suggested by Gerota[1] and found that by injecting the testicle that he was enabled to fill the thoracic duct; that the testicle was very rich in lymphatic vessels which united in from four to six trunks, passing up alongside the spermatic vessels of the cord, ultimately emptying into the receptaculum chyli.

IS TUBERCULOSIS TRANSFERRED IN VENERY?

M. Verneuil believes that cohabitation with women suffering from tuberculosis of some portion of the genital tract is frequently responsible for primary infection in the male. The writer never met with a case which could be traced to this act; while admitting that it may be possible, its occurrence must be very rare. If men contract tuberculosis from intercourse with women who suffer from a tubercular infection of some portion of the genitalia the converse should be equally true; yet such does not seem to be the case. It frequently happens that men with tuberculosis of either one or both testicles have connubial intercourse with their wives who remain free from infection. One case is recalled where the epididymis, vesicle and vas deferens were involved on both sides, the diseased condition being of long standing. The wife, at the time that her husband was operated on being seven months advanced in her pregnancy, was delivered at term of a healthy child. An examination of both the man and woman, one year after the operation, was made and it was found that both enjoyed good health; the woman was free from all symptoms of tubercular disease.

TUBERCULOSIS BECOMING A GENERAL INFECTION.

That primary tuberculosis of the epididymis may result in a general infection is shown by the history of the following case:

CASE 3.—Colored man, admitted to the Jefferson Hospital in December last. Family history regarding malignant and tubercular diseases, negative. No venereal history. Two years ago, first noticed a painless lump in the epididymis of the left side. One year later he began to suffer from an irritable bladder, passing water frequently both by day and night. The right testicle soon became enlarged and tender. Two months before entering the hospital he developed a very troublesome cough, attended occasionally by a slight spitting of blood. He lost 40 pounds during the last year, is very weak and suffers from constant night sweats. Examination revealed tuberculosis of the left and right testicles, vas deferens, seminal vesicles and probable involvement of the prostate and bladder. There was beginning tuberculosis at both apices. Tubercular bacilli were found in the urine. In this case there is scarcely any doubt that the general infection was an ascending one.

1. Arch. f. Anat. u. Physiol. Anat. Abth., 3 u. 4 S., 113, 1899.

SOURCES OF TUBERCULOSIS.

In the twenty-one cases in whom the seat of primary invasion of the bacilli was either the lungs, kidney, bladder, prostate gland, or seminal vesicles, a reliable history was obtained either from the physicians in attendance or from the individuals themselves. The history here given of a case where the beginning of the tubercular infection was in the hip joint is unusual and unique.

CASE 4.—W. S., aged 23, medical student. Tubercular history on his mother's side. Enjoyed good health until four years of age, when he sustained a slight fall which was followed by hip-joint disease; an abscess formed which terminated by sinuses leading down to the joint. The patient was an invalid for several years. The fistulous tract gradually healed, leaving the head of the bone displaced upwards and backwards, the limb being shortened and atrophied. There is no venereal history. Two years before his first visit he noticed that the epididymis on the left side was enlarged, nodular, but painless. A few months later the other side became similarly affected. Two months before he was first seen the parts became tender and the seat of neuralgic pains. A double epididymectomy was performed and the vas deferens removed as high as the external abdominal ring. Both structures were found to be the seat of extensive tubercular disease. Eighteen months have elapsed since the operation: the patient has gained in weight and is in strong and good physical condition.

THE RELATION TO POTT'S DISEASE.

Murphy says that "Pott's disease of the spine has frequently been observed to follow tuberculosis of the testicle." Observations lead to the belief that diseases of the spine either preceding or following testicular tuberculosis must be very uncommon. In none of the cases under the observation of the writer did this condition pertain. Dr. H. A. Wilson, Clinical Professor of Orthopedic Surgery at the Jefferson Medical College Hospital, in a personal communication in reference to this subject says: "Careful search in the records of my private practice and the very large orthopedic service at the Jefferson Medical College Hospital fails to reveal a single instance wherein a tubercular spinal disease was followed by or existed with tubercular disease of the testicle. I have no recollection of ever having seen such a condition in my service at the Philadelphia Hospital, Polyclinic or Women's Medical College Hospital. While I would not say that such conditions were impossible, I must consider them as extremely rare or else I would have seen illustrations."

URETHRITIS AS A FACTOR.

The following remarkable case shows the existence of a secondary infection of the testicle following a primary invasion of the urethra:

CASE 5.—The patient, aged 25, was first seen during the month of January, 1901. He had had repeated attacks of gonorrhea since the age of 16. He was suffering from a tight stricture in the lower third of the penile urethra, which was resilient and had to be kept constantly dilated. Two weeks before his first visit, after a debauch, he had an attack of retention of urine, which he tried to relieve by the use of the catheter; the instrument was broken in the attempt, resulting in free hemorrhage. On examination, a large periurethral abscess was found, which was opened and drained, and an operation on the stricture was advised. This was declined. The patient was

lost sight of for a month when he consulted the writer's colleague, Dr. H. R. Loux, who courteously furnished the future history of the case. He found that the under surface of the penis was nearly destroyed by what appeared to be a phagadenic ulcer. The stricture was operated on and an attempt made to arrest the ulcerative process without success, and a few weeks later it became necessary to amputate the organ at the peno-scrotal junction. A short time afterwards the glands in the left groin became diseased and were removed, after which the patient convalesced and remained in good health until last February, when the removal of the left testicle became necessary by reason of miliary tuberculosis. The pathologic report by Professor Coplin showed the condition of the penis to be tubercular.

CASES OF INEXPLICABLE URETHRITIS.

In six of the cases a history of unexplainable urethral discharge preceded by several weeks the development of the disease of the testicle. In two instances the discharge was purulent in character; in one, tinged with blood, the others being mucoid. One of the cases is so instructive that a brief account is deemed pertinent.

CASE 6.—Minister, aged 30, unmarried, affected with a muco-purulent discharge, occurring principally in the morning; no pain or irritability of the bladder. Had existed for two weeks previous to his first visit. He denied ever having been exposed to any danger of contagion. The urine was slightly cloudy, containing a small amount of pus, mucin in solution, and epithelial cells. Neither gonococci nor tubercle bacilli could be detected. An endoscopic examination of the urethra showed well-marked congested patches in the vicinity of the bulb and the prostatic portion of the canal. The case was recorded as one of probable non-specific urethritis; the individual's statement regarding his not having been exposed to the danger of infection was taken *cum grano salis*. The condition was unimproved by treatment. Nine weeks after he was first seen a hard nodule developed in the globus minor of the left epididymis, which was painless and persistent. The case was diagnosed as tubercular and the epididymis resected. A microscopic examination of the removed structure verified the correctness of the diagnosis. When the individual became convalescent, the discharge completely disappeared.

TUBERCULAR CAUSE OF URETHRITIS.

This case teaches that when an unexplainable urethritis arises which is chronic from the onset we should be on our guard against a development of tuberculosis in some portion of the genito-urinary tract. In every case examination should be made of the secretion for the presence of tubercle bacilli, both before and after stripping the seminal vesicles. The urethral discharge in these cases may be due to various causes. Probably the most common is a catarrhal condition of the prostatic urethra. Jacobson states that when the discharge is either a clear viscid fluid, or opaque and whitish, which drops from the meatus, unattended by inflammatory symptoms, the cause is usually due to a hypersecretion of the prostatic fluid, owing to the slow formation of tubercles in the gland. Tubercular blennorrhea has been known to be due to the formation of small tubercular abscesses in the prostatic gland. Delbeau asserts that the condition is at times produced by an ulceration, tubercular in character, in the posterior urethra; when this condition exists there is burning pain on micturition, frequent urination, terminating in hematuria. Finally, a tubercular focus located in some portion of the mucous membrane of the urethra may cause an exacerbation of chronic gonorrheal lesion in some portion of the canal.

ONSET MAY RESEMBLE ORCHITIS.

The onset in all the cases of primary infection of the epididymis was slow and insidious, except in six instances, in four of which the symptoms simulated exactly those produced by an acute epididymo-orchitis. In the two remaining instances the onset was violent, probably due to a mixed infection, and an abscess formed within a few days after the onset of the disease. The beginning frequently resembles that of an ordinary orchitis and renders the diagnosis obscure, as the following case exemplifies:

CASE 7.—M. J., affected with syphilis 15 years before; was under treatment for three years, no symptoms since. Slight attack of gonorrhea when 20 years of age. Two weeks before seen, he slipped on the ice and gave the testicle a wrench, which immediately became the seat of acute pain. The pain did not disappear as the patient expected, but increased in severity as the day went on. By night the organ was swollen and very tender.

A diagnosis of orchitis was made and the case was treated as such. In view of the fact that there was an old syphilitic history in the case, specific treatment was pushed, on the supposition that the condition might be due to gummatous formation. On examination, two weeks after the illness began, a large abscess was discovered, and an operation advised. On removing the testicle a tubercular abscess was found, with tubercular foci scattered throughout the organ, the epididymis being apparently healthy.

It is now eighteen months since the operation and the individual enjoys good health.

In this case there was an antecedent history of syphilis and slight traumatism. The rapid development of orchitis with the formation of the abscess would hardly have led anyone to infer a tubercular infection. It is probable that the tubercular foci were already present in the body of the organ, which gave rise to no appreciable symptoms until the slight injury acted as sufficient cause to lower the resisting power of the structure to such an extent that active symptoms immediately followed.

THE PRIMARY FOCUS.

In fifteen cases, the primary seat of disease was found to be located in the testicle, thus verifying the statement made by Reclus[2] in 1876, who states it as his belief that the testicle is often the starting-point of tubercular invasion and that in these cases only about from 5 to 6 cm. of the vas deferens is apt to be diseased. Senn says that this experience does not coincide with his own, he having usually found that the entire cord is involved. The writer's experience is similar to that of Reclus. In most of the cases in which the testicle alone was involved the epididymis was flattened and appeared to be blended with the organ so as to be indistinguishable on palpation. In eight cases the vas deferens was involved throughout its entire length. In five instances the seminal vesicles were secondarily involved, this condition subsiding after castration. The tubercles were found to be unusually large, yellow hard nodules, situated most commonly in the parenchyma of the gland. This condition was first described by Rindfleisch as characteristic of this form of tubercular disease. In five of the cases, miliary tubercles existed. The morbid growth of a testicle in this condition is often very slow and may obtain a voluminous size without being attended by inflammatory symptoms. The tumor is usually periform in shape, varying from a hen's egg in size to that of a large orange. In one instance the growth was the size of the doubled fist. When this condition pertains, especially if there is no involvement of the cord, the differential diagnosis between chronic diffuse syphilitic orchitis, malignant disease, and tuberculosis of the testicle is often

2. Du Tubercle du Testicle et l'orchite Tuberculose, Thèse de Paris.

extremely difficult. In not a few of the cases active syphilitic treatment had been employed for some time before the patient came within the writer's cognizance under the belief that the condition was specific in character. If a tuberculous focus in other parts of the body can be excluded and a typical reaction can be obtained by means of the tuberculin test, the condition may be regarded as tubercular. This proof is believed to be of great value in explaining a vague diagnosis in cases where a normal temperature exists and where the tubercular lesion is confined to one organ. When the condition is complicated with hydrocele, a portion of the fluid should be withdrawn, by means of a sterilized aspirating needle and examined for tubercle bacilli; or inoculations of a guinea-pig should be attempted. Specific treatment should always be fairly tried before proceeding to operate in doubtful cases.

VALUE OF TUBERCULIN.

The annexed case is of interest as showing the value of the tuberculin test when making a diagnosis.

CASE 8.—G. H.; aged 30; occupation, clerk. Family history negative. Suffered from hernia on right side at the age of 20, which was not followed by any complications. History of slight injury to the right testicle while riding a bicycle 8 months before his present trouble began. Eighteen months previous to his admission to the Jefferson Hospital he observed that the testicle on the right side began to undergo a painless enlargement. The gland was as large as one's fist, pear-shaped, of solid consistency, somewhat nodular at the upper portion; it was hard and elastic; the skin of the scrotum, the prostate gland, vesicles and bladder were normal. The epididymis could not be distinguished from the abnormal growth. The vas deferens was natural in point of size; the inguinal glands on the right groin were slightly enlarged. Malignancy was suspected. The tuberculin test gave a decided reaction. Examination, after castration, showed large tubercular deposits.

HYDROCELE.

Of the 96 cases, hydrocele was present in 16, being less by half than the number (one-third) in which, according to Jacobson, the complication may be looked for. Hydrocele was found to be very uncommon where the epididymis alone was involved, it being generally associated with the tubercular condition of the testicle or a tubercular epididymo-orchitis. In several of the cases the tunica vaginalis was much thickened, and in a few adherent to the gland. In no instance was the accumulation of the fluid of hydrocele of very large quantity, the largest amount being met in a case of primary infection of the epididymis; this individual applied to the hospital for the relief for a supposed hydrocele, not being aware that the gland was diseased. In five cases the fluid was drawn and examined for tubercle bacilli with negative results in four instances. Whether the tunica vaginalis was diseased or not it was always removed when castration was performed. Fourteen cases were treated by drainage and the use of the curette; three sinuses of the scrotum, of long standing, leading to a diseased focus of the testicle, received similar treatment. The following were the results obtained.

AFTER-HISTORIES OF CASES.

In one case castration became necessary three months after the operation for the relief of an intractable sinus of the scrotum. In eleven cases in which advanced phthisis was complicated with disease of the testicle the drainage in each was followed by a sinus, which did not heal, but was accompanied by a purulent discharge. The evacuation of the discharge was necessary simply as a palliative measure, the physical condition of the individuals being a contraindication to any radical procedure. Most of these patients were lost sight of shortly after leaving the hospital. A few whose future could be traced lived for a year or so after the operation, dying finally of lung complication. In a case in whom the lung trouble was of recent origin, the individual, after the operation, was sent to Las Vegas, New Mexico, where he resided for eighteen months. When he returned he had gained in weight and strength. The abscess had healed, leaving the testicle slightly enlarged and nodular. All symptoms of lung complication had disappeared. Of the 4 cases where the epididymis was involved, 1 recovered, 1 submitted to an epididymectomy two months later, and 2 were lost sight of after leaving the hospital; when last seen there were suppurating sinuses leading to the diseased organs. In one case the vas deferens, vesicles, prostate and bladder were involved when the abscess of the testicle was evacuated. The person was lost sight of two months after the operation and is in all probability long since dead. In one case marked improvement of the general health followed the operation; when last seen there still existed a sinus in the scrotum attended by a slight purulent discharge.

PALLIATION USUALLY UNWISE.

A study of the treatment employed seems to indicate that drainage and the employment of the curette should be reserved for those cases where an extensive tubercular disease of other structures of the body renders anything but a palliative operation justifiable. In all other conditions it is a dangerous procedure and should not be employed. That life may be prolonged and sometimes a cure effected after an operation, by proper hygienic surroundings and removal to a suitable climate, together with the administration of anti-tubercular remedies, is in a measure shown by the benefit which accrued to the patient who was fortunate enough to be enabled to spend a year and a half in the tropics. Occasionally, good results will be obtained by the treatment here described, especially if the tubercular foci are destroyed by the employment of either the thermocautery or an application of chlorid of zinc; a treatment suggested by Lonquet. It is believed that more or less danger arises from the employment from this treatment where a radical operation may be performed. It is therefore not recommended, as it is apt to be followed by an extension of the disease and is always attended by prolonged suppuration, so that valuable time is lost, and an opportunity to perform a radical operation is missed, a secondary infection of other structures having taken place.

It seems to be clear that in cases where there is no contra-indication, the physical condition of the individual being such as to warrant a radical operation, that either the epididymis, testicle, together with a portion or the whole of the vas deferens should be removed, depending upon the extent of the disease. Epididymectomy was chosen where the epididymis alone was involved. In four instances a double operation was necessary. In twenty, the vas deferens was resected at the external abdominal ring. In the remaining five cases the canal was followed down into the pelvis, until the top of the seminal vesicle was reached, and then removed. In performing this operation, the method employed was that suggested by Villeneuve: an incision was made parallel to Poupart's ligament, through the tissues until the peritoneum was exposed, which was pushed aside and the vas deferens followed until the vesicle was reached. The advantage of this operation is that it can be performed by visible inspection.

VON BUNGNER'S METHOD CONDEMNED.

The method suggested by von Büngner of grasping the vas at the external abdominal ring and attempting to

remove as much of the structure as possible by avulsion, is referred to only to be condemned as unsurgical and dangerous; several cases are on record where severe hemorrhage has followed. The complete resection of the vas deferens was reserved for those whose tubes seemed to be diseased throughout their entire length. In a few instances on tracing an enlarged and thickened cord through the inguinal canal, it was observed that when the internal ring was reached the vas deferens became apparently normal in character until it approached the vicinity of the seminal vesicle where it again became enlarged and tortuous. When this condition pertains the vesicle is found to be involved. The contents of the diseased canals usually consist of a white cheesy matter, in which, in some cases, tubercle bacilli are lodged. It is interesting to note that in some instances, where the epididymis was tubercular, that, although the vas deferens was enlarged and thickened, a microscopic examination elicited the fact that the condition was due to inflammatory changes and not to the presence of tubercle. This condition corresponds to what has occasionally been found to exist in an apparently diseased ureter, associated with tuberculosis of the kidney; the enlarged and tortuous condition of the ureter being supposed to be due to tuberculous disease.

PARTIAL VASECTOMY.

It is not urged that a total resection of the vas deferens should always be performed, although it is believed that it would be proper to do so. Several instances have come under observation where an enlarged and unsound vas deferens was removed at the external abdominal ring, leaving the remainder, which was apparently diseased, behind. These individuals recovered and have continued to do well since the operation. It is usual with the writer to resect the vas deferens at the external abdominal ring if the morbid condition is arrested at that point. If the disease extends throughout the entire length of the canal, or if the testicle and the vesicular portion is involved, the intermediate structure being apparently healthy, the entire vas deferens is to be removed. In fourteen of the cases operated on the seminal vesicles were apparently implicated, there being symptoms referable to infection of the prostate gland and bladder. In all, the vesicular, prostatic and bladder symptoms disappeared after epididymectomy, except in one instance, where the individual in whom the epididymis was removed, had both vesicles involved. The patient improved in health and strength after the operation, but returned to the hospital four months later with active vesicular and bladder symptoms together with tubercular meningitis, of which he died. No autopsy was permitted. It is presumed that the reason why the portion of the diseased vas deferens which remains after an operation is harmless is that it becomes functionless. It is probable, as has been claimed by Delbet, that the subsidence of the symptoms arises from the circumstance that the purulent products which are derived from the epididymis are cut off, in this manner stopping the supply of irritating material which is constantly being supplied to the vesicles and adjacent organs.

RESECTION OF SEMINAL VESICLES.

In view of the fact that epididymectomy, together with the resection of the diseased portion of the vas deferens, will in the majority of instances be followed by subsidence of the prostatic and urinary symptoms, with the return of the individual to health, it becomes a difficult question to determine exactly what cases justify the removal of the seminal vesicles which are secondarily infected. This question has given rise to a good deal of controversy and is still unsettled. A consideration of tuberculosis of the seminal vesicles not being germane to the subject under discussion, the condition will only be alluded to as briefly as possible. Resection of the seminal vesicles for tubercular disease is a formidable operation and the results have been far from gratifying, most of the cases yielding sooner or later to some secondary development of the disease. Clinical evidence has demonstrated that in a large percentage of cases, where tubercular involvement of the vesicles associated with a primary infection of the epididymis has existed, that complete subsidence has taken place after an epididymectomy; it is believed to be wise to be satisfied with the removal of the epididymis and as much of the vas deferens as may be necessary, taking care to watch the patient assiduously. Should the prostatis or urinary symptoms continue, resect the seminal vesicles secondarily. From the frequency with which the remaining testicle becomes diseased after an epididymectomy or castration of one side, it would seem that in those instances where both the vesicles and the prostate are probably involved that the wiser course is to combine with the removal of the testicle the resection of the vesicles as well, provided the patient's condition will warrant the procedure. To ascertain whether the vesicles or prostate are implicated may sometimes be determined by the following expedient:

Irrigate the urethra and bladder with a boric acid solution; pass a Swinburne posterior urethroscope down to the prostatic urethra. Let an assistant then massage the vesicles, forcing the secretion directly into the prostatic urethra and into the lumen of the endoscope, which can be collected on a loop of sterilized platinum wire and either a stain or culture made for the tubercle bacilli, or inoculating experiments attempted. If the endoscope is not available the urethra and bladder can be irrigated, and a small quantity of the solution allowed to remain in the bladder. The prostate gland and vesicles are then stripped, a small rubber catheter inserted, and the water drawn and examined. The insertion of the catheter prevents the danger of mistaking smegma bacilli for tubercle—a mistake which, unfortunately, is frequently made. Should the secretion show the presence of tubercle bacilli, it is fair to presume that the seminal vesicles and the prostate gland are diseased.

RESULTS AFTER EPIDIDYMECTOMY.

Out of 25 epididymectomies, 11 cases have been followed. One died 4 months after the operation of tubercular meningitis. One developed phthisis 2 years after the operation. One returned 6 months after the operation, needing an epididymectomy on the other testicle with resection of the vesicles. One individual returned to the hospital 3 months after operation with an enormous tubercular abscess of the abdominal wall. This was opened and drained; convalescence was slow; but at this time, 2 years since operation, he is in perfect health. The remaining 7 cases are still in good health, although 6 years have elapsed since the first patient was operated on. Five out of the 6 individuals have had the advantage of fortifying their constitutions by a sojourn in New Mexico or southern California of a year or more.

In none of the cases in which epididymectomy was performed did either atrophy of the testicle or diminution of the sexual vigor follow. It was frequently observed that a painless orchitis followed the operation, which usually subsided in the course of a few days. Out of 55 castrations, 3 were double, all in comparatively

young men. In no instance did any demoralizing effect result from the removal—a condition which is sometimes to be apprehended. Many of the patients in whom castration became necessary, on account of the formation of abscesses and sinuses attended by prolonged suppuration, suffered from tubercular deposits in other portions of the body, so that the operation was merely palliative. The writer has been able to follow the history of 19 individuals on whom this operation was performed. Three died within 5 months after the operation of miliary tuberculosis. One died 2 years after leaving the hospital of tuberculosis of the prostate gland, bladder and kidney. Two died in from 6 months to 4 years of phthisis. One returned in a year for resection of the epididymis of the remaining testicle, together with the vesicles. One year and a half after operation, during which time he has lived in southern California, his general health has been good. One case, 8 months after the first operation, returned for the removal of the other testicle which was the seat of a large tubercular abscess. The remaining 11 patients continue to enjoy good health. The period which has elapsed since their several operations varies from 7 months to 14 years.

MENTION OF SOME UNSATISFACTORY METHODS.

A few cases have been reported in which apparent cures of a tubercular focus, located in the epididymis, have followed a ligation of the spermatic cord, depending on the circulation of the tunica vaginalis to nourish the testicle—a method of treatment first suggested by Mauclaire. This operation is still on trial, but as it did not appeal to us as a rational procedure it was not employed. We agree with Murphy who, writing on this subject, says: "It is certainly not radical."

It is proper to state that the injection of a 10 per cent. emulsion of iodoform, as well as that suggested by Lanelongue of 3 drops of a 5 per cent. solution of sulphate of zinc into the diseased area were both tried in a number of cases and found to be unsatisfactory. In most instances the introduction of these remedies gave rise to pain, often hastening suppuration, the patient finally requiring a radical operation, and no advantage having been gained by the delay. At least a dozen individuals who have a tubercular infiltration into the epididymis on one or both sides are at this time under observation. In some the condition has existed for several years, yet they seem to enjoy perfect health; in a few instances localized abscesses have formed, which have healed, leaving depressed cicatrices. These patients have each refused an operation.

LATENT TUBERCULOSIS.

This condition is considered to be fraught with danger. The constitution seemingly sufficiently fortified to enable the sufferers to keep the disease in abeyance for an indefinite period, yet it is liable at any time to break out and manifest very serious symptoms, the focus of the disease being probably encapsulated. Doyen reports a case where the condition lay dormant in the epididymis for 18 years, extravasation of the urine finally taking place from a tubercular involvement of the urethra. The patient succumbed to miliary peritonitis. Similar cases have been observed by Reclus, Barling, Jacobson, Senn and others. Jacobson, writing on this subject, says: "Occasional encapsulating and partial calcification of caseous deposits in the epididymis must not be looked upon as a sign that the disease is now quiescent, at an end, or no longer a cause for anxiety."

This view is illustrated by the following case:

CASE 9.—The patient was first seen 6 years ago when 21 years of age; he had a quiescent tubercular nodule in the left epididymis. His general health was excellent. Operation was advised, but refused. The individual was lost sight of until five months ago, when he again presented himself for treatment. A tubercular involvement of the testicle, seminal vesicle, prostate gland and bladder was found to exist. It is believed that in all cases of apparently quiescent tubercular foci that a radical operation should be performed.

VALUE OF CLIMATIC TREATMENT.

The writer has been frequently told by his western confrères that the cases of tubercular epididymis which come under their care are cured by sojourning in lower California and that operations in these cases is not necessary. Instances are frequently met of these so-called cures where the disease has suddenly become active, extensively involving adjacent organs. In one case which came under the cognizance of the writer, where the primary focus of the disease was quiescent in the epididymis, after living a year in New Mexico, was followed by tuberculosis of the kidney. It is not intended to disparage the benefit to be derived by proper hygiene and a life in a suitable climate, but it is believed that change of climate should not be sought until the primary tubercular focus has been removed. A number of patients have come under observation whose circumstances were such that they were enabled, after submitting to operations, to live an active outdoor life in a climate conducive to strengthening their resisting powers, and to prevent further invasion of the disease. Their present good health, and the immunity from disease which they have enjoyed, are doubtless due to these causes.

CONCLUSIONS.

An impartial study of the cases herein recounted seems to warrant the following conclusions:

1. A primary tubercular infection of either the epididymis or testicle may occur, the former being by far the more common.

2. A primary infection of the epididymis, secondarily that of the testicle, is more common than the descending one.

3. Primary involvement of either the epididymis or testicle usually takes place through the circulation, the soil being predisposed to the location of the tubercle bacillus either by a slight traumatism or by some infective condition which has given rise to inflammation of the organ, most commonly an attack of gonorrhea.

4. Secondary tubercular involvement of the epididymis or testicle sometimes follows a primary focus of the disease in other portions of the body, more commonly in those organs that are in a direct anatomic connection with the sexual glands, such as the seminal vesicles, prostate, urethra, bladder, ureter or kidney.

5. The invasion of the testicle may be rapid, associated with acute inflammatory symptoms, an abscess soon developing; or the onset may be slow, the symptoms simulating those of either chronic syphilitic orchitis, or malignant disease of the organ.

6. The tuberculin test should always be employed in doubtful cases where only one focus of the disease is known to exist.

7. In doubtful cases associated with hydrocele, the fluid should be examined for the tubercle bacilli and inoculating experiments made.

8. The injections of either emulsions of iodoform or of sulphate of zinc into the diseased part are not to be recommended.

9. In all cases of encapsulated caseous nodules quiescent in the epididymis, epididymectomy should be performed.

10. Epididymectomy together with resection of the vas deferens is not attended by either atrophy of the testicle or sexual weakness.

11. The drainage of tubercular abscesses followed by the use of the curette is only to be employed where radical treatment is not permissible, as it is attended with more or less danger and is generally unsatisfactory in its results.

12. In instances where the epididymis alone is involved, a resection of the diseased structure is all that is required; whether a partial or complete resection of the vas deferens is to be undertaken is still undetermined.

13. Double orchidectomy should be performed when both glands are diseased, provided there is not extensive co-existing tubercular infection of other organs.

14. Whether infected seminal vesicles should always be removed at the time that the epididymis or testicle is resected is a question open for discussion. From the fact that in a large majority of cases the removal of the primary seat of the disease is followed by a subsidence of the tubercular involvement of the vesicles, it is deemed wiser, as a rule, to wait and remove the vesicles later, if necessary.

15. Hygienic and climatic influences play as important parts after operations in fortifying the constitution against further invasion as they do in other tubercular conditions.

16. The anti-tubercular remedies are of great value in controlling the disease and should always be employed in conjunction with whatever surgical procedure may be deemed necessary.

WHAT OF THE FUTURE?

CHAIRMAN'S ADDRESS, DELIVERED BEFORE THE SECTION ON OBSTETRICS AND DISEASES OF WOMEN, AT THE FIFTY-THIRD ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION, AT SARATOGA SPRINGS, N. Y., JUNE 10-13, 1902.

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This question we may well ask ourselves, for we certainly will have other things to do than to take out tumors and diseased tubes. The obstetric part of our section has virtually been settled. Obstetrics is based on purely mechanical laws, and in the vast majority of cases nature needs no help. The small percentage of abnormal cases that require the assistance of the obstetrician are now well understood. The patients are under observation from the beginning of pregnancy, many of the cases which would be serious are recognized before that time, and by the induction of premature labor and other methods many of the more severe cases, I might say severe confinements, are prevented.

Even the severe cases that are allowed to go on to full term can be delivered safely, for mother and child, by Cesarean section. The dangers of the physiologic process of confinement are now virtually nil.

Formerly one woman out of forty died, to-day, as reported at the Preston Retreat, 1,000 cases without a death. In private practice 500 and more cases have been reported without a death, and the other day I saw in a journal that at a lying-in hospital there had been 1,900 consecutive cases without a death, hence it seems to me that I can truthfully say that the moot questions in the obstetric part of our Section have virtually been all settled.

As our program shows, very few papers are presented on this subject. I have urged a number of members to write papers on this subject especially, so as to make some kind of show for obstetrics, but it is hard work. Every possible abnormal condition has been dilated on and from so many different standpoints that it is almost impossible for anyone to write a paper without repeating what has been said many a time before, yes, it is even difficult to write a paper that presents a subject from a slightly different angle; hence, no one wants to write a paper that is simply obstetric literature; consequently all our papers are on gynecology, and what kind of gynecology? Not that of the past, of Ferguson's speculum and the application of tincture of iodin and leeches and tampons and douches with occasional perineorrhaphy, no, that kind of gynecology is past. The papers we have to-day are the papers of mechanics, of surgery of the pelvis, the removal of tumors, the removal or partial removal of the uterus, ovaries or tubes or the anchoring of the same as nearly as possible in the normal condition if they are displaced. In the last few years our special effort has been to preserve as much as possible the generative organs, where formerly we were more anxious to remove them entirely; now we select our case most carefully and preserve the whole organ, or, if we cannot do that, we preserve as much as we possibly can.

The various moot questions in this branch of our Section, that is, the gynecologic, are consequently also being settled. Very soon there will be nothing more to write about. With the thousands of workers in different parts of the world, a little is added here and a little there, and soon all disputed points will be made clear and settled, and what then? Our Section's work will be done, very little new can be presented and few papers will be reported; very rare cases only or resumés of some subject. We have nearly arrived at this point, and therefore I throw out the question: "What of the Future?"

The general practitioner of the country is the one who attends the cases of confinement occurring in his neighborhood. Some of us may drift into the ranks of the general practitioner; the other part of our Section, of the surgical habitus, swing off and join the ranks of the general surgeon, and but little more will be left of our Section.

That will be the end unless we find something else that could be properly brought before our Section and that we, with our experience with women, could properly handle, discuss and settle in the interests of the race.

When we consider that nation which has been the mighty ferment and a great factor in the civilization of the race during the last three centuries, when we consider that France is a decadent race, has virtually reached its limitation of growth, that without emigration its population does not increase, there is food for thought.

When we consider that England is beginning to get in the same condition, that even in Germany the proportion of children to the families is very decidedly diminished, then we can easily see that there is other work for the gynecologist and obstetrician.

In our own country the decreasing fecundity of American women is so well known and has reached a stage where barely one child is found in the family on an average, and when we consider that the New England states have not grown—in fact, would have decreased in population were it not for the influx of foreign population and by the admixture of new vigorous blood—when we furthermore consider that even this very prolific foreign element in one generation has its fecundity diminished, the question becomes a serious one.

Malthus, more than a century ago, was afraid that the world would be over-populated, but he did not under-

stand the process of evolution and that nature always provides means to prevent over-production.

We to-day may not believe that a nation should be gauged by the number of inhabitants, but rather by the mental caliber of its citizens, still we cannot ignore the fact that mental caliber without physical vigor is a very serious state of affairs. With the physique kept up at the highest point, mental improvement should go on as required by advancing civilization.

When we consider that a young woman who is married insists on not having children right away or having children later in life, that she makes use of every possible trick to prevent or destroy pregnancy, thus ruining her health and destroying her power of reproduction at a later period when she is so anxious to have children and has found out that life is hardly worth living without children—without some object or aim to live for—when we have this old question brought to our attention we can readily see that there is something for us to do besides operating.

When we consider that lack of moral training that is often given by a selfish mother, who says before marriage: "I do not want my daughter to be troubled with children," we may well despair in our efforts. Then we can easily see that the work we may do in the medical societies, and of which the great public hears nothing, is of very little use, unless we, as individuals, each in our respective community, forge to the front and see that education and a higher and nobler standard of womanhood is inculcated in the mind of the rising generation.

When we consider that in a republican form of government all are equal and that all soon become ambitious, all want to shine, all are striving to get the best education obtainable, that some parents are denying themselves so that their children can acquire a better education and that the young people do all kinds of work and struggle along as well as they can, so that they may obtain an education, then it can readily be seen that the resulting product of such educational system will not be evenly balanced, there must be a disproportion between the physical and mental condition, hence not a normal condition, or there must be a degeneracy of both the body and the mind.

We know that when a highly civilized nation comes in contact with one which is low in intellectual development, that the latter nation will go under and finally be exterminated. It is the inability of the lower to keep pace with the rapid strides of the more enlightened nation. The change and the demand are too great and sudden.

The same thing occurs with individuals who have no hereditary tendency to mental training. If for generations the life has been a monotonous one, like "the man with the hoe," you might say, and you try all at once to educate the brain to the highest degree, something will give away—it should be gradual, little by little, generation after generation, and then the system can adjust itself to the various conditions required.

Take our school system: the children are stirred up to ambition, are urged to set their mark high and all to become teachers, lawyers, ministers and physicians. They have but one trait of the mind, ambition, but they have no mental capacity, cannot grasp principles, they learn with great difficulty, they forget easily, and in order to keep up they must study, and study hard. They work after school hours, yes, work to 12 and 1 o'clock at night. They get up early in the morning to review their lessons before school hours, and the result is inevitable. Insufficient sleep, hasty meals and lack of exercise will produce a partly educated mind and a physical wreck.

If such a person be a female it is all the worse. If such education is without much effect on the body up to puberty it certainly will be after. The tremendous demands made on the organism during the stage of rapid development from childhood to womanhood requires that the strain on the brain by excessive study should certainly be lessened, especially so during the menstrual period. There seems to be no provision made anywhere in our schools for this, and the more I see of it the more I am inclined to think that somewhere a change should be made.

Either there should be an absolute separation of the education of the sexes at puberty or the education should be so elastic that the young woman should be allowed to leave school for a few days or a week during every month without it being charged up to her or putting her back from her place in school. This is the point I think that requires our serious consideration. If the woman is of the age when she is fully developed physically, her menstrual function firmly and fully established, then there will be, probably, no objection to co-education. It is during this stage of development, it seems to me, that the great mischief is done.

I think the tremendous strain on the brain at this period required by our educational system must certainly effect the physical condition, and the result is, in many cases, neurasthenia, hysteria and broken-down women whose capacity for reproduction is very limited. If there is a puny child born it will probably go through the same course that its mother did and be physically worse.

This great problem so affecting the future of the race should receive our serious consideration. There are many other ponts in connection with this problem. The boy is less affected by that kind of training as his sympathetic nervous system is less called on than that of the female. Besides he has greater liberty of action, has more out-door exercise and grows up to vigor and manhood. When he marries one of the women with the educated mind, which he admires, and a broken-down system, which he does not see, it will only take a short time for him to see the mistake he made.

He is strong and robust, with sexual vigor, she is weak and without passion, and it will not take long for trouble to arise. She is glad to be left alone as much as possible, and he finds company somewhere else. He picks up disease and gives it to her, and then we are called upon to remedy the trouble. Many women have told me that they were glad that their husbands let them alone and went somewhere elese, they were perfectly satisfied. Think of such a view of life.

In this connection I might mention the question of prostitution. Venereal diseases are spread in many places and ways, but no doubt principally in brothels, especially of the lower kind. We must discuss this question thoroughly and come to some conclusion and then go before the public and insist on how it should be managed and controlled. Public opinion is adverse to regulation and control, but I see no other way to prevent the spread of private diseases. We must first clear up this question in our own minds and then educate the public.

Again, we find another condition where a young, vigorous woman, with the right kind of brains, grasps things properly, will go through the same educational system quickly and lightly, with plenty of time to thoroughly masticate her food, plenty of time for exercise and fresh air. She passes through it with a fine trained mind and healthy body. She has ambition. She marries a rich but older man. The man is past his prime, this

woman, strong, passionate, with a natural desire for a family, finds that she has made a mistake. She is suffering from sexual passion, super-abundant vitality which should be given vent by child-birth and lactation, and which is suppressed until nature rebels, and there is an explosion somewhere. She also ends with neurasthenia, hysteria, insane asylum, morphin or whisky.

When we consider that next to self-preservation, the preservation of the species is the strongest law of nature and that it permeates every organized being, from the dull monad of the primeval sea to the complicated organism of man, even increases with each higher nervous organization, then we must see that erotism plays a very important part in the life of a human being. We all see cases of young women suffering from ungratified sexual passion who perhaps do not even know what sexual intercourse is.

Holy horrors! This is a tabooed subject and must not be spoken of; it is dirty; it is vulgar. "To the pure all things are pure." We must speak of these things. We must learn about them and understand them, and then we can show the public at large what is normal and healthy. Only when we understand this ourselves can we find a remedy for the many abnormal or pervert conditions.

There is a history of anôther kind; with advancing civilization, if you can call it advancing civilization; there is the struggle for the mighty dollar; there is the ambition to shine, to appear big, to appear smart and rich. Young women want to marry a man with money or a large income. Young men see what women demand in the way of finery and style, that with a modest income they cannot afford to marry, so they postpone it until later in life, and women are thus thrown on their own resources when the parents become feeble and old and die. They must work early in life, the parents plan to give them a training or education where then can make an honest living, and they are all struggling for the highest positions that they can get; that of teachers, nurses, stenographers, bookkeepers, etc.

The competition in these various professions is great, all are getting overcrowded; every young woman wants something of that kind, none of them want to do housework. In order to prevent an overflood the requirements for all these positions are raised higher and higher year by year. Greater mental capacity is demanded to acquire the knowledge for any one of these more learned professions. When the knowledge is acquired the patient is broken down. Many fail in their calling which they have chosen, they made a mistake, they should have been something else. It is for us to solve this question of mental capacity and shove men and women into that direction, into that channel of activity, for which their mental and physical capacity is most capable.

This should be one of our great works to study and elucidate this great problem of the proper vocation of each individual. As a rule, all these kinds of persons finally become drones in their chosen position, filling it competently, but, as a rule, keep on the even tenor of the way, although "hope springs eternal in the home breast," but few find the hero of their ideal, few get married and thus live an unnatural life. Somewhere the nervous system will be unhinged apd, although nature is wonderfully kind and compensating for weaknesses and defects, there is a limit even to nature, and after a series of years, generally during the period of the menopause, something snaps, some part of the system gives way and an invalid is the result

It may be uphill work, but we must help to eradicate this notion that men can be gauged only by the number of the mighty dollars they have and not by the good they do.

In this connection I might call attention to another point that seems to be overlooked, and that is the everlasting suggestions to young girls about their pelvic organs. A young girl will grow up, have menstruation established and have no trouble, but as the result of suggestions from her mother, sisters or others, she may develop trouble. Always being asked if she has any pain, and wondering that she has not; asked if she has any discharge, and wondering that she has not; always being asked about the excessive flow—these constant suggestions, this constant calling attention to the womb and ovaries, will make the young girl think about her menstrual function, and a slight deviation from the usual will, after a time, attract her attention, and she will begin to think about it more, and, as congestion of any part of the body, say the hand, can be brought about by having the mind dwell upon it, so congestion of the pelvic organs can be brought about by thinking of it, and congestion is only a pre-stage of inflammation and pathologic changes.

With this thinking and worrying about the disturbances we have gynecologic tinkering, and then we have but one step more to chronic invalidism. It makes my heart ache when I see young girls and women subject to local treatment, injections, supports, etc., for months and years, when all they need is a normal mode of living, proper food and proper exercise. A little hyper-secretion from the glands of the mucous membrane of the vagina or the uterus does not require local treatment always; it needs the treatment of the physiologist, that is all. I do not want to derogate proper local examination and treatment in special cases, what I protest against is the zeal with which this is carried in in simple ordinary cases.

More physiology is needed. We have all had patients come to us from a distance of hundreds of miles, expecting to go under a serious operation. On examination we find that all they need is to drink three pints of water a day, and with this advice we often send them home disappointed.

We have all had patients come to us from a great distance who were suffering from auto-infection, the result of constipation, and who need, instead of an operation, a proper regulation of diet and vigorous abdominal massage.

Many of the nervous cases sent to us, who are supposed to suffer from reflex-neurosis, are found to suffer from some of the protean symptoms of syphilis which have been overlooked because they are the latest manifestations found in the third generation and which are easily remedied by constitutional treatment.

How many brain diseases and diseases of the nervous system have been considered due to pelvic troubles simply because the patient was a female; every case of consumption or Bright's disease and every dyspepsia or appendicular colic; everything is supposed to be due to the diseases of the ovary or the uterus, if it occurs in a woman.

How we must constantly be on our guard and be broad general practitioners if we do not want to get in the path of the narrow specialist; to simply know a little part of the body, but forget the great wonderful complicated mechanism of the whole human organism.

In answering the question, "What of the Future?" I would say that we must have more papers and more discussion on the subjects to which I have called atten-

tion. We must get closer to the people in general and do more missionary work from house to house.

We must discourage the constant tendency of suggestions to young girls and women about the menstrual function. We must teach that this physiologic process in a healthy body will be taken care of by nature without artificial assistance.

We must see to it that the young woman has a sound body if she wants to acquire knowledge; that it is more important to have a healthy body than to possess great learning. We must oppose the cry that too much is being taught in our higher schools or the universities, that the demand on the mind is too great, as that is entirely wrong. We must teach that everybody was not born to attain this higher education, that only those should attend the higher institutes of learning who have the attributes of the mind which enable them to learn easily and quickly, and that even these require plenty of exercise and fresh air.

We should insist that gymnastics and systematic physical exercise should be taught in every school of the land, from the lower to the highest, and that the curriculum of study should embrace the most systematic course of gymnastics to produce a sound body with a sound mind.

We should thoroughly study the effects and the results of erotism on the human body. We should study how we can more thoroughly bring about a more perfect marriage relationship and prevent the frequent mismating, as shown in our courts.

In fact, we must more thoroughly study the exact positions of individuals, every combination of physical and mental condition and their most fit place and most proper vocation in life. We must branch out, we must look ahead, we must be the counsellors and the guides of the race in the future.

PHYSICAL DIAGNOSIS AS RELATED TO DENTAL COLLEGE CURRICULA.

CHAIRMAN'S ADDRESS, DELIVERED BEFORE THE SECTION ON STOMATOLOGY, AT THE FIFTY-THIRD ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION AT SARATOGA SPRINGS, N. Y., JUNE 10-13, 1902.

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CHICAGO.

In view of the fact that during the past two years a number of the state boards of dental examiners throughout the country have added the subject of physical diagnosis to their list of studies, which must be passed to secure a license to practice dentistry in their respective states; also, that I have for some years been impressed with the desirability and, I may say, the necessity, of adding this subject to our dental college curricula, I concluded this would be as fit a subject as any for my paper at this time.

Heretofore this subject, whenever taught at all, has received what I may term unconscious attention from various teachers; that is to say, in the regular teaching of their departments they have naturally referred to phases of physical diagnosis, but not until the past year has the subject been made a separate department and a complete course of instruction given.

The knowledge of man has steadily increased, keeping apace with civilization. Man has been brought to a higher plane through scientific investigation; his mind broadened and ripened in the fields of research. The furtherance of their profession and the elevation of their fellow-men have ever been uppermost in the minds of the great men of the past.

As you are familiar, it was discovered ages and ages ago that teeth were filled with pieces of wood, ivory and other materials, as evidenced by the researches of the catacombs of Rome and Naples, thus assuring us that the art of preserving teeth was known to our ancestors of those very early times. Unfortunately, however, we do not know who the great dentists of those ages were, as the records of this work have been lost. Had this work been entirely satisfactory to these dentists and their patients, the latter being pleased and contented with such operations, our profession would never have attained to its present high, enviable position in this professional world.

Dissatisfaction with prevailing methods, and the laudable desire to excel, set men to thinking and to doing, the result being that dentistry has developed from a humble trade to an honored profession, affording a field for usefulness to thousands and whereby the suffering of the entire civilized world can be and is, in a great measure, alleviated.

During the past few years the courses of study have been lengthened in all professional schools. Only a short time has elapsed since a medical student could graduate after attending two courses of instruction of six months each, but now one is required to attend four years of nine months each, after having gained a good scientific or classical education as a foundation upon which to build his professional knowledge, thus requiring from six to eight years of college work to receive his degree of doctor of medicine. Let us not forget that dentistry has by no means been slumbering all the while, for the educational requirements for admission to a dental college have been steadily advancing, and the number of years and length of terms increasing, until now schooling equal to the second year of high-school work is required, and in another year four years of seven months each will be required.

Only a few years ago a student received a few lectures on physiology, when that part of his course was considered finished, but now it is one of the most important branches he has. Histology, pathology and bacteriology have become important subjects, and the dentist would also be considered very lame without a knowledge of anesthesia and oral surgery. More than this, the amount of practical work that must be done as a part of the dentist's preliminary education has more than doubled. What is the object of this advance? It is that his knowledge may be broadened, extended and that he may be placed on a higher plane with mankind, as well as that he may be better able to satisfy himself and his patients after engaging in the practice of his chosen profession.

We, as professional men, are continually being called upon to give opinion as to the etiology and prognosis of certain diseases, and who will attempt to gainsay the statement that this we should be not only willing but able to do, and it is imperative that we be as nearly correct in such counsel as possible. At times we find this easy, and again it taxes us to the limit, if not beyond; all our knowledge and reason is called into play before we are able to make definite statements.

It is not always an easy matter to tell just how much vitality a patient has, nor how much of a nervous shock one can endure, nor how long one can remain in a dental chair at a sitting without sustaining material injury. This we, as dentists, should know, so that our patients, on leaving our offices, will have received professional benefit instead of injury.

Who of you have not seen or are not cognizant of neurotic patients who were nervous wrecks for days after

having had a large amount of dental work done? With the requisite knowledge and the exercise of forethought and judgment, all this can be avoided. A few more sittings of shorter duration would have completed the work, at the same time acting as a stimulus rather than a nervous shock. This knowledge we can gain only by a thorough study of our patients, and an understanding of the cause or causes of their ailments.

I hope to see the time when a dentist will inquire into the health and symptoms of his patients before deciding on the amount of work that is proper and safe to be done at any one sitting, as should a physician before prescribing a certain amount of a drug or drugs that are to be given for an ailment of the patient.

To judiciously outline our work we, as dentists, must have as thorough a knowledge as possible of the various diseases of mankind, especially those affecting the vital organs or those organs most likely to suffer when shock is inflicted. The symptoms of these diseases, also the physiologic changes that may occur, are necessary to be understood. Who of us would keep a patient, afflicted with organic heart disease, in our chair for an unusually long and fatiguing operation if we be able to inform ourselves of the true condition of these parts.

There is only one way for us to gain this knowledge, and that is for us to familiarize ourselves with the normal heart, as to location, size, beat, rhythm and sounds, thus enabling us to recognize pathologic conditions when present. How embarrassing it must be for any dentist, after advising the administration of a general or local anesthetic, to be told, on consulting the family physician, that such a course would mean certain death to the patient, whether true or not.

Physical diagnosis is the term used to designate those methods which are employed in the detection of disease during life by the anatomic changes produced by it. The nature and extent of such changes can only be recognized and appreciated by the divergence which they cause in the affected organs from the known physical condition of these organs when in health.

The significance of physical signs in disease cannot be determined by theory; only by clinical observation confirmed by observation after death can this significance be determined.

If it be granted that it is at all desirable that the dentist shall possess this knowledge I am talking about, it at once becomes evident that he must enter into a systematic and thorough study of the only methods by which these physical signs can be determined in the living subject, and these methods are: 1, Inspection; 2, palpation; 3, mensuration; 4, percussion; 5, auscultation; 6, radioscopy.

Some of these methods have been in use for many centuries. Palpation, for instance, was used in the Neolithic or polished stone age, 1500 B. C., to demonstrate the presence of fluctuation, while radioscopy is practically new. This method is the outcome of the discovery of the x-ray, by which, with the use of the fluoroscope, tumors or solid bodies are located in various parts of the body, that were impossible of discovery before. Fractures of bones, the exact kind and position, are determined by looking at the bone direct. Tumors of the internal organs are observed by this means, thus enabling one to diagnose conditions which were impossible of discovery before the x-ray was in use.

One must also be conversant with the various areas into which the body is divided, and which are bounded by definite anatomic relations. This is necessary that one, being familiar with the normal size and location of an organ, can determine whether it is in its proper position.

It is necessary to know that the first area from a physiologic standpoint is the supra-clavicular region; and that this area is definitely bounded below by the inner three-fifths of the clavicle, internally by the trachea, and superiorly by a line extending from the junction of the outer with the middle third of the clavicle to the top of the trachea. Also, it is necessary to know that normally within this area are to be found the apex of the lung, the carotid artery, the subclavian artery, the subclavian vein and the jugular vein.

Next below this is the clavicular region, which is that part of the thoracic cavity lying back of the inner three-fifths of the clavicle. An understanding of the anatomic boundaries and contents of this region is also necessary, but with which I shall not inflict you in this paper.

The most important regions, from the standpoint of the dental practitioner, are the following: Infra-clavicular, the boundaries of which must be carefully studied, that one may recognize the presence of the vital anatomic structures and organs in their normal positions. In this region are to be found, on the right side, lung tissue, the ascending vena cava, the right bronchial tube lying back of the sterno-costal articulation and also a small portion of the arch of the aorta. On the left side are found the pulmonary artery from its origin to its bifurcation, the left bronchial tube lying a little below the second sterno-costal articulation.

The next region of special importance to the dentist, and which lies immediately below the preceding one, is called the mammary region.

The lowest region in the anterior aspect of the thoracic cavity is called the inferior mammary.

Centrally located is the sternum, this area being divided into three regions: (1) The supra-sternal; (2) the upper sternal, and (3) the lower sternal.

The back is divided into three regions: (1) The supra-scapular; (2) the infra-scapular, and (3) the inter-scapular.

All these regions should be carefully studied, as indicated above, in the two instances in which the boundaries and contents are stated.

A knowledge of the size and exact location of the heart is especially important. In the average subject the base of this organ is found at the second intercostal space, the apex beat or the maximum impulse being at the fifth intercostal space, from three-fourths to an inch to the left of the sternum. It must be understood that the apex beat does not locate the apex of the heart, the latter being about an inch to the left of the beat.

The anatomy of the heart must be studied. It is necessary to know that there are four different valves, and what is expected of them in the performance of their normal function, and that the positions on the chest where the sounds made by the valves can be most distinctly heard are not immediately over the organ.

I thus briefly outline this foundation work that there may be no mistake as to what I consider necessary in the schooling of prospective dentists, that they may be able intelligently to apply the six methods of eliciting the physical signs of the various pathologic conditions of those diseased organs bearing directly on the practice of dentistry.

It is also necessary to be thoroughly conversant with the meaning of these various methods of physical diagnosis, how each is to be employed, and what is to be learned by it; that inspection means only that which can be determined by looking at the patient without further means of diagnosis; that palpation means the examina-

tion of the parts by the laying on of the hands, and in this method only the tips of the fingers may be used, or the palms of the hands as a whole; that with mensuration certain facts are to be determined by the process of measuring; that by percussion is meant the tapping of the chest to elicit certain sounds under the varying conditions; that there are different methods of percussion, the immediate and the mediate; that auscultation is the act of listening for sounds within the body, chiefly to ascertain the condition of the lungs, heart, pleura and other organs; that there are different methods of auscultation, the immediate, which is the application of the ear directly to the part, and the mediate, which is by use of the stethoscope. The pulse is such an accurate index to many of the lesions of the heart, it is necessary that one shall understand it in all its variations.

Thus would I have dental students instructed. I trust this paper will receive full and unrestricted discussion, for I want to know whether, in your judgment, this branch should be added to the curriculum of our dental institutions of learning.

This is a subject that has engaged my attention for some time, and it was my desire more than two years ago to present this subject to the profession and urge its teaching in our schools, but listening to the advice of trusted friends that the time was not ripe for it I desisted. During the past year it has been taught in the institution with which I am connected.

As I see it now, I cannot understand how anyone can advise otherwise.

I hope to see prospective dentists so instructed in the future that they shall be able to recognize diseased conditions of at least these vital organs, and thus be enabled to avoid serious and possibly fatal mistakes. When this knowledge is acquired and successfully practiced, the dentist at once gains the implicit confidence of his patients, his word with them becomes law, and his opinion is sought and respected. Such a dentist is a real benefactor in the community in which he resides and his success is assured.

He also has the satisfaction of knowing he is one who has participated in that "higher education," the practice of which can only result in assisting to elevate the standard of his profession, and to place it on a higher plane in its relation to other progressive professions.

THE EMBRYOLOGY OF THE DENTAL PULP.*

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At the invitation of the secretary of our section to present a paper on some subject connected with the dental pulp, I shall consider at this time the dental pulp in its embryologic aspect. Such an aspect appeals to me the more strongly from the fact that I have given special attention in earlier research work to dental embryology. In a general way, I shall consider the growth of the dentine germ from the earliest signs of its development, the formation of the dentine from the germ, and lastly, the fully formed and functionally mature pulp. This subject may not offer anything that is particularly new, but there are several points that I have recently been trying to clear up, and a discussion of them may prove of general interest to the Section on Stomatology.

At about the end of the second and the beginning of the third month of intra-uterine life, in the embryonic tissue of the jaw, we shall find the primary specialization of cells which are to form the dentine germ, and from which come the cells which afterwards form the dental pulp. It is in no special zone or layer of this connective tissue that the dental germ is formed, but the formation seems wholly influenced by the contact with an enamel organ. In the presence of this organ, the connective tissue cells become stimulated and active. It would appear as though they offered a resistance to its further growth, and from this resistance the enamel organ was made to expand, thus becoming flattened and broadened. The stimulation and activity of the cells is shown by their rapid growth, which clouds the part at this point, becoming a dense focus of new growth. The tissue is seen to be actively building itself up, and this results in the formation of a papilla, around which the enamel organ is growing like a cap or helmet. This process of new growth is a beautiful illustration of anabolic metabolism. The papilla grows to a cusp or cusps, and now becomes the dentine germ. At the end of the third and at the beginning of the fourth month, the dentine germ is rather a homogeneous structure. Round cells are very numerous; they have relatively large nuclei and nucleoli. As the germ assumes the cusp shape, multiplication of cells takes place around the blood vessels, which have grown into the base of the germ, and a jelly-like layer has formed around its outer surface. It will be found that the dental germ will grow into the depressions of the enamel organ of a bicuspid or molar tooth, and these growths will become the dentine cusps. We also notice that the different layers of the enamel organ are now formed, and that the sacullus is now forming its layers about both enamel organ and dentine germ. When this process is completed, these are enclosed in a sac, and thus become a dental follicle. Within the area of the dentine germ are contained all of the cells which shall develop later into the mature dentine, and into the pulp of the fully-formed tooth.

The round cells around the rim of the dentine papilla appear to be in a protoplasmic substance, sometimes called a zone of amorphous material. It is a hyalin structure on the outermost surface of the germ. The cells just within become richer in protoplasm, and many processes are seen to be forming from them. They are becoming branched cells, a little later the cells at the surface grow larger and assume a columnar shape which may be caused by mechanical compression. We also see just within this layer of cells some that are pear-shaped, conical, cylindrical, and spindle-shaped. There are some authorities who have spoken of what they call elementary cells on the outer layers, and from which they say the odontoblasts are formed, but I have never observed anything but globular masses that are not cells, and which are found in the protoplasmic substance of the rim spoken of above. At the beginning of the fifth month these cells on the surface are seen to be undergoing a histologic differentiation, as stated above, and are becoming specialized or formative cells, the odontoblasts. They are membraneless and little more than masses of protoplasm, which are seen to be filled with great numbers of bright, glistening globules of different sizes. The so-called "conjugation cells" of the German authorities are what I believe to be the pear-shaped fiber-forming cells. These are seen to be sending their processes into the intercellular spaces of the odontoblasts, and thus I believe the fiber to be formed. At this time dentinification is about to begin. How does this process of calcification take place? This

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we do not wholly understand, nor do we understand the chemical or physical properties of the building materials. At this time the blood supply is evident, and at the seventh month there is a perfect vascular system consisting of arteries, veins and capillary network.

As I have said, the details of the vascular mechanism by which the odontoblasts are supplied with lime necessary to form calcified structure have not as yet been clearly worked out. Capillaries near the formative cells do not communicate directly with the cells, and must therefore pass the lime through the intracellular substance. The inorganic calcium which is necessary, manifestly cannot be supplied as such by the organic formative cells, but must make its initial entrance into the body from without. This entrance in the fetal state must necessarily be through the maternal circulation, and after birth it must come from the food which passes through the alimentary canal. From here it must be carried to the specialized formative cells which superintend the process of dentinification, and there is but one such distributer, the blood supply.

After the absorption of food into the circulation by the intestinal epithelium, chemical analysis of the blood shows the presence of two calcium salts, the insoluble phosphate ($Ca_3(PO_4)_2$), and the soluble carbonate ($CaH_2(CO_3)_2$). It can be readily understood that the soluble carbonate can be absorbed, but how the insoluble phosphate can be absorbed is still a mooted question. It is believed, however, that it is absorbed in that same loose chemical combination with proteid in which it is found before absorption in the casein of milk, and the yolk of egg. Chemical analysis has shown these two foods to be very rich in calcium. The casein and caseinogen of cow's milk, according to Bunge, contains more calcium to the liter than does lime water. Caseinogen, according to Soldner, contains 1.65 to 2.36 per cent. of calcium. The proportion of calcium in combination with the proteid of egg-yolk has been found to be about the same.

The loose calcium-proteid combination, arriving during its passage through the dental pulp capillaries, within the radius of the special physiologic motive force of the odontoblasts, is acted on by this vital force, and thus becomes ingested by the cells. We believe that it here becomes modified by the cytoplasm of the cell, by a chemical combination with its organic substance, and in this way calco-spherites are formed. Within the cells these globules seem to have the property of coalescing, and as they are placed by the cell against the surface to become calcified they are found to be in many cases large globular or irregular-shaped masses. These masses, merging with others, smooth out and form the layer always found between organic and calcified tissues, where the process of calcification is taking place. This is the layer known to investigators as borderland tissue. Hoppe-Seyler asserts that the lime which hardens bone, dentine and enamel is a double salt of carbonate and phosphate of calcium, having the formula $Ca_{10}CO_3(PO_4)_6$, one equivalent of calcium carbonate with three equivalents of calcium phosphate.

The various processes of dentinification have been demonstrated to me by many hundreds of sections cut from developing teeth, at a time when calcification was beginning, and from tissue prepared as near the life of the animal as it could be, and prepared with the least possible manipulation consistent with perfect specimens.

The formation of dentine from the dentine germ proceeds substantially in the following manner: We notice that the hyalin substance on the rim of the germ, which is a protoplasmic basis substance that surrounds the outer ends of the formative cells, is filling up with glistening, irregular-shaped masses that appear semisolid, many of them being globular, but all tending to form a layer of substance which is involving a portion of the outer ends of the odontoblasts. We notice that these cells themselves are filling with bright, but minute, globular bodies, which are the calco-spherites, that seem to have their origin within the cytoplasm of the cell; these grow larger, probably by merging with others, as they are conveyed to the calcifying surface of the layer of the rim. Mr. Mummery of London has described a network of connective tissue fibers which were seen in bundles between the odontoblasts, and even enveloping them and passing out from them, forming a network just in advance of the main line of calcification. This network of fibers, the fibers of Mummery, serves, during the formation of the layers of dentine matrix, as a scaffolding, among which the gelatinous tissue and the calco-spherites are deposited. I have described a similar network in developing enamel, in a paper read in Berlin in 1890. In this way the calcifying layers are formed until the dentine is completely calcified. This process is not continuous, but occurs in laminæ, as indicated by the contour lines seen in the forming specimens that have been stained. The layer which is forming is a new product in which the lime is held in some sort of a chemical combination. In this condition it is known to be calco-globulin, and a further chemical change forms it into the fully calcified structure. Thus the dentine is formed, layer by layer, and stage by stage. We cut our sections, if we are studying the forming dentine, at a period of growth covering one of these stages, and we do not always get the same picture. Sometimes our section will show the globular formation stage, sometimes in the stage that shows the continuous band of calco-globulin, and sometimes, though rarely, we get a picture that shows no appreciable layer between the odontoblasts and the calcified dentine. Sudduth has stated that the thickening of the dentinal wall is accomplished by a single layer of odontoblasts which begin the process, and these same cells persist throughout the life of the pulp. I cannot, with my present knowledge, agree with this statement, for I have seen earlier layers of odontoblasts being apparently used up or engulfed within the layer forming, and other formative cells developing from the cells of the pulp tissue just within. Oblique sections of forming dentine, and of the layer of borderland tissue, also show parts of the formative cells which have become fused with it. Dr. Frank Abbott makes the statement that he has seen from time to time dentine forming cells replaced by others, which, he says, are seen to be forming at their inner side. The layer of calco-globulin has been called collagen; I do not believe that it is collagen. It was also formerly known as the "membrana preformativa," but this is not a membrane. The layer of odontoblasts was also known as a membrane, the "membrana eboris;" neither is this a membrane.

Morganstern calls the layer of borderland tissue "dentinogenous substance," and thinks that it is produced by the odontoblasts giving up part of their substance, and that a segmentation of the odontoblasts has taken place, somewhat as the enamel rod is formed into segments.

There appears to be a lack of knowledge about the dental fiber, its canal and the so-called sheaths of Neuman. We speak of the dentine tubes, or of the dentine tubuli. A tube is any long and hollow cylinder—a pipe; tube or tubulus is certainly a mismomer. We should

speak of it as the dentinal canal or dentinal canaliculus, for a canal is a duct in a body for the passage of fluids, a duct through which anything may be conducted. If we examine the cross section of the developing tooth again, where only a narrow layer of dentine has been formed, we see on the edge of the fully calcified layer, between it and the formative cells, the transparent, hyalin layer already spoken of. It is somewhat irregular, as if it were formed by the merging of globular masses, a transitional tissue, mind you, which a further stage in the hardening process will completely calcify. It then becomes matrix or basis substance. It is formed by microscopic globules, calco-spherites, within the odontoblasts. These cells appear to superintend the laying of the globules which are arranged in the substance of the gelatinous tissue, a layer of which has been formed by the pulp to receive them; they are deposited against the fully-calcified matrix within the fibers of Mummery. This is the hyalin layer already spoken of. It is a layer of borderland tissue that is singularly indestructible in acids or in caustic alkalies. I have already stated that there appear to be two kinds of cells concerned in the formation of dentine; one, a fiber-forming cell, with a long process running into the canals; the other, a matrix-forming cell, the true odontoblast. This is usually square and abrupt against the dentine, and the process or processes which it appears to have, in many cases, I have found, belong to the fiber cells deeper within the pulp tissue. As the dentine layer forms, the fiber of the fiber cell lengthens, and against the surface or sides of this lengthening fiber the same hyalin layer is left uncalcified, as is found against the forming matrix next the formative pulp.

We frequently see two fiber cells merged into one, caused by the lessening circumference of the forming dentine; they have merged together, one losing its identity completely at that point, and so it is with the odontoblasts. It appears to me clear that all the branching of the canaliculi must be from the merging of these fiber cells, thus forming branches of the main fiber. The so-called sheath, then, is a transition tissue, probably the same as the tissue which remains uncalcified in the interglobular spaces in dentine. It is in no sense a separate tissue, and sheaths can only be demonstrated after full decalcification, when acids have completely destroyed the matrix. In cross section of the canals in dentine this borderland tissue can be stained by a preparation of nitrate of silver. It acts precisely the same as it does on the hyalin layer of forming dentine; it stains it black. Both tissues are matrix tissues in a partial state of calcification, and full calcification will take place in this borderland tissue against the fiber as age comes on, when the dentinal canals are found to be much smaller in diameter than they are in the young tooth. We may assume, then, that the so-called sheath of Neumann is but a transitional tissue only partially calcified, which may fully calcify in the future. It lines the canals in the dentinal matrix, and is only a sheath when acids have destroyed its adjoining more fully calcified substance.

In these various processes we have considered the calcification of the deciduous central incisor. The process begins about the fourth month, the crown is nearly formed at birth, and the tooth root fully formed at the eighteenth month. Thus far it has been my purpose to describe the various processes of dentinification taking place before and after birth, as demonstrated by research work. In describing these it has seemed necessary to repeat descriptions in order to make the subject matter clear. In concluding, a brief description of the germ tissue remaining after full calcification has taken place, will be given. This germ tissue now becomes the normal pulp, which is the source of nutrition and nerve supply to the tooth. The main mass of this organ is made up of a semi-gelatinous matrix thickly studded with cells which do not in themselves form a continuous tissue, that is, they are not in contact with each other. They are imbedded in a jelly-like substance, in which many fine fibers are seen. In the center of the pulp tissue the cells are less numerous than they are near the formed dentine. The cells against the dentine are no longer square and abrupt against it. They are now oval or pear-shaped, with the pointed ends conveying a fiber to a canal in the calcified matrix.

The study of many sections of the pulp of fully formed teeth has led me to believe that the pear-shaped cells fringing the outer surface of the pulp, and having fibers running into the canals of the dentine matrix, are not cells having the same functions as did the formative cells, or odontoblasts, which were square and abrupt against dentine, while it was forming. There are indications that the pear-shaped fiber cells have a membrane, and they remain pear-shaped throughout the vitality of the pulp. When the pulp is irritated by the approach of caries, or from abrasion, or from some stimulation from without, the fiber cells do not appear to take part in the formation of secondary dentine, the dentine of repair; but new formative cells are seen to be developing from the cells of the so-called conjugation layer just within.

Weil has described an intermediary layer just within the odontoblastic layer, which consists of a large accumulation of spindle-shaped cells, somewhat different from the embryonic connective tissue cells of the main mass, which varies in breadth according to age. This intermediary layer represents the remains of what the Germans call the conjugation cell layer, a layer of reserve material, which seems to be a product of the growth changes of the pulp. I doubt if there is more than a remnant of it in adult teeth. Some authors assert that the cells in the center of the pulp degenerate, that the nucleus disappears, and that there is a partial loss of their protoplasm. This is undoubtedly the case in older pulps which no longer show the rich ramifications that the younger ones do. Lymphatic vessels have never been demonstrated with certainty in the pulp tissue. There is a network of undulating fibers which run from the root to the crown, parallel to the axis of the tooth. The interspaces between these cells and fibers being filled with a protoplasmic substance, their histologic nature has not been determined. It is stated that the cells of the pulp show characteristic differentiation at different times in its life. There are three kinds of cells which have their origin from the embryonic connective tissue cells by metamorphosis. These are round cells with large nucleus and scanty protoplasm; spindle-shaped cells; and irregularly shaped cells, which have branching processes that freely anastomose with the spindle-shaped cells and with themselves. The changes in the cells seem to begin at the periphery and proceed toward the center of the pulp. At the periphery we have the pear-shaped cells, then the spindle-shaped conjugation layer of cells, then the spindle-shaped and irregularly shaped cells with their anastomosing processes, and lastly, the connective tissue elements in the central portion of the pulp, which seem to be scant in protoplasm. These cells are not very numerous, and are in a jelly-like matrix. The blood vessels enter at the apex, the trunk vessels resting near the center of the pulp. Sometimes as many as three arteries are seen

to enter the apical foramen. They then divide into innumerable branches, and form an extensive network of capillaries near the layer of the pear-shaped cells next the formed dentine. There are numerous veins also found, and these are somewhat larger than the arteries. Black tells us that the blood vessels of the pulp are remarkable for the thinness of their walls, and that the smaller veins seem to be nothing more than endothelial cells which are placed edge on edge, or margin on margin. The arteries have a circular and longitudinal layer of muscular fibers, but these are very thinly distributed. The capillary network is so rich near the pear-shaped cells in the forming tooth that when they are injected and shown under the microscope there seems to be little room for any other tissue. The nerves of the pulp are many, the fibers being medullated and non-medullated, which enter the pulp through the apical foramen in bundles of various sizes. As they pass into the pulp they break into branches and form a rich network, a delicate plexus of fine nerve filaments next the outer pear-shaped cells. It is not known just how these communicate with the fibril. It has been asserted that the finer fibers may pass between the pear-shaped cells and wind themselves around the dentinal fibrils, passing thus into the canal. Sudduth inclines to the view that the terminal fibers unite with the pear-shaped fiber cells, and that sensation is thus transmitted by the dentinal fibril to the terminal branches of the nerves. In form a mature pulp is shaped nearly the same as the tooth to which it belongs.

GANGRENE FOLLOWING THROMBOSIS OF THE ABDOMINAL AORTA AND ITS BRANCHES.

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Rarely are there offered any better opportunities for observing arteriosclerosis in all its degrees and varieties than are found among the patients of the state hospitals for the insane. In many of these institutions it is a routine practice to note the condition of the arterial system of each patient.

It is now a well-established fact that arteriosclerosis is frequently hereditary and often congenital; indeed, it is not rare to find it markedly present in subjects (especially degenerates and imbeciles) as young as twelve years of age.

The following case is reported not only because of its unusual occurrence, but also on account of the absence of certain pathologic lesions which one would expect to find.

HISTORY.

The patient, Mrs. ——, aged 34, was admitted to the Maryland Hospital for the Insane April 25, 1900, suffering from melancholia agitata (puerperal in origin) which is now fast terminating in dementia.

Etiology.—Just previous to the outbreak of mental trouble, it is reported that she was prematurely delivered of a six months' child because of eclampsia, but an examination of the urine revealed only a trace of albumin, no casts could be demonstrated and no sugar was found—an ophthalmoscopic examination being rendered impossible by the restless condition of the patient.

On admission she was spare, but not emaciated, the heart and lungs were normal and the general physical condition somewhat below par. There is a moderate amount of arterio sclerosis; no history of lues. The mental condition has no bearing upon the subject under discussion, except that at times she is much agitated and restless, walking the floor at night and offering considerable resistance when bathed and dressed. Between the time of admission and the date of the present illness there is nothing of interest to note.

On March 5, 1902, she became irritable and complained of pain in the legs with inability to stand or walk. She was put to bed, but as no redness or swelling was visible, and as the patient had previously been hypochondriacal, no importance was attached to the symptoms. Temperature 100 F. The following day the pulse became feeble and rapid (140 to 160) with profound syncope, quickly lapsing into a semicomatose condition, which continued for several hours, after which she gradually regained consciousness and the pulse became stronger and less rapid—pulse 100, temp. 100.8 F. A few days later a dry gangrene appeared in the small toe of the right foot, the remaining toes and foot following in quick succession. On examining into the circulation, the arteries on both sides from slightly above the bifurcation of the abdominal aorta to the popliteal (inclusive) were found to be obliterated. In the position of the femorals, hard, nonpulsating cords could be distinctly felt running down either thigh—which could be traced upwards under Poupart's ligament into the pelvis. The abdominal aorta could plainly be felt pulsating an inch below and to the left of the umbilicus, but could not be gotten below this point, the pulsation in the iliacs was likewise lost (while in another patient of similar adipose tissue and build, the arterial blood current in the iliacs could be distinctly felt).

Amputation was done through the right thigh at the junction of the upper and middle third, the Esmarch bandage was used, but was probably an unnecessary precaution, as the superficial femoral was clogged with a blood clot, the profunda, although patent at the point of incision, was probably occluded above; both of which were ligatured, however, together with a few of the smaller vessels. The operation was done as rapidly as possible, and there was no hemorrhage. The wound healed *per primam* with the exception of a small blood clot, which broke down and granulated.

The patient made a good recovery, but was purposely kept in bed longer than usual because of the doubtful condition of the left leg, which remained pale and cold, the difference in surface temperature being well marked between the thigh which, by collateral circuation, was not any too well nourished and the leg which was struggling for life.

Present Condition.—At the present writing, 37 days after the first symptoms, the foot and toes are still intact. Just which vessels are taking part in the collateral circulation can, of course, only be surmised—and just why it was established in one leg and not in the other cannot be explained.

The dissection of the amputated part shows the femoral and popliteal arteries to be occluded by a firm, hard thrombus, extending in one continuous clot from the point of incision in the femoral down through the popliteal to within about an inch of where the anterior tibial is given off. The veins were normal.

Microscopically, the sections show the clot within the lumen of the vessel to be in an advanced stage of organization, small vessels and some young fibrous tissue can be seen forming. The intima is normal, showing no proliferation of endothelium, the media shows the hyalin degeneration only very slightly and the adventitia is somewhat thickened. There is no evidence of any acute inflammatory trouble. This slight change in the media is somewhat inconsistent with the clinical condition found, and because of this lack of microscopic evidence to indicate that the clot was caused *per se* by the vascular lesion, it is thought that some unascertained coexisting exciting cause was responsible to a greater extent than usual.

THE QUESTIONABLE ORIGIN.

The writer has been unable to decide to his own satisfaction whether the case is a traumatic one due to some unknown self-inflicted or accidental injury or whether it is one of those cases of so-called spontaneous coagulation due to certain febrile affections, such as is described by Pearce Gould of London, who reports cases following influenza.

It is possible that either of the above exciting causes could have been instrumental in producing thrombosis

in one already predisposed by even as moderate an amount of arteriosclerosis as the one in question.

My thanks are due to the Superintendent, Dr. J. Percy Wade, for the privilege of reporting the case.

Clinical Report.

MATERNAL IMPRESSION "MARKS" CHILD FOR A FROG.

J. W. COOLIDGE, M.D.

BRISTOL, N. H.

Mrs. R., aged 31, of good intellectual ability, and not superstitious, gave birth, March 13, 1902, to a stillborn, seven months' male child.

Fetal movements were noticeable the previous evening and death seemed to have been due to a long second stage, it being 3½ hours in length.

The child having no neck, the head was almost immovable on the shoulders, so much so that it was a left brow presentation,

the left shoulder following immediately, and so rigid were these parts that the maternal coccyx was strained backward sufficiently to cause extreme pain for a few days.

The child's eyes protrude far beyond the brows, and there appears to be no brain cavity, except two little sacs on the back of the head, with a smaller one between and posterior (cerebellum).

There are two parallel lines of bony prominences extending from the back of the head downward as far as the last dorsal vertebra, separated by a space a little more than an inch wide, over which there is no skin, leaving the flesh like a fresh wound. The bony prominences are bordered by a thin osseous scale, and this for the upper two thirds by a narrow line of fine hair. The body and extremities are otherwise normal.

Mrs. R. has one child four years old and has had one abortion. She is not easily frightened, and at first could remember nothing to account for the deformities. Later she remembered carrying out a frog the cat had killed and brought into the house at about the third month of her pregnancy.

The gross appearance of the child's back is that of the back of an injured frog when he elevates the flat surface extending backward from the head.

[The case described above is a form of monster belonging to the group of exencephalus. The deformities in these monsters, as well as in the anencephali and in the cases of spina bifida, is started by a failure of the posterior vertebral plates to close over the neural canal in early embryonic development. This deformity, cranio-rachischisis, may be due to an excessive formation of cerebrospinal fluid or to some thing that interferes with the union of the posterior lamina, e. g., adhesions of amnion to the edges of the medullary groove.

The belief that an idea of the mother during pregnancy can have any influence on the causation of such a deformity has no support from any scientific observation and is almost incredible. The mother has no connection with the child in utero except through the blood supply. There is no nervous connection, and even if there were it is difficult to imagine how the amniotic adhesions could be produced by an idea or mental condition of the mother.

This matter is of considerable importance because of the widespread belief in the efficacy of maternal impressions in

producing deformities and "mother marks." This belief among mothers leads to much useless and harmful anxiety during pregnancy, for all women are liable to see unusual sights that may frighten or disgust them. Moreover, if a deformed child is born the mother is very apt to blame herself or some other innocent party for the assumed causation of the trouble. A physician, therefore, instead of searching out some forgotten incident that by the exercise of a lively imagination can be made responsible for the deformity, should rather seek to educate his patients to remove their fears and superstitions.—EDITOR JOURNAL A. M. A.]

Uniform Preparation of the Cinchona Alkaloids.—Myttenaere, of Hal, Belgium, states that the methods of preparing cinchona bark according to the various pharmacopeias causes a difference of 2.2 to 6.8 per cent. of the alkaloid in the resulting extracts. He states that this variation can be prevented and the identical results always attained, if ammonia be used instead of fixed alkalies for extracting the alkaloid, and pure chloroform instead of the various mixtures proposed.—*Gaz. Méd. Belge.*

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

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SARATOGA MEETING.

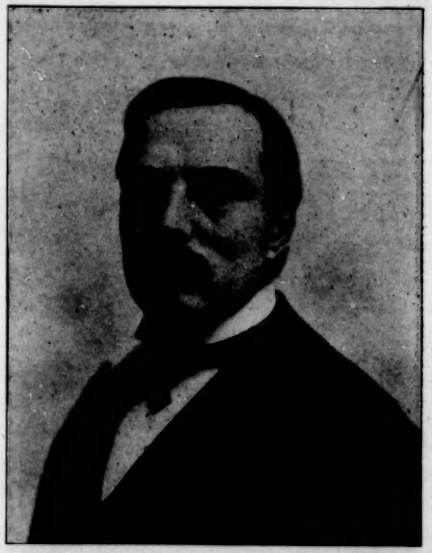
The Saratoga meeting of the American Medical Association, while not showing as large a registration as that of the preceding two or three years, was in every way a success. The Section work was especially good in every Section, and all were well attended. Nearly every year there is some Section that "falls down," but in this regard the Saratoga meeting proved an exception. The high standard of the papers read, and the scientific and practical nature of the discussions, were noticed by every one. The Section officers deserve the highest praise for the work they accomplished and congratulations on the result of this work. The fact that there were no general meetings to interfere with the morning meetings of the Sections gave much more time to the scientific work of the Sections, which proved very satisfactory.

The House of Delegates proved to be a truly representative body, only two states being without representation, and its *morale* showed that it stood for the best and the scientific in the American medical profession. It accomplished a very large amount of work and in a most satisfactory manner, in spite of the fact that its rules, plan of work, etc., all had to be formulated at this session. With a system, rules of order, etc., finally adopted, it will be able hereafter, with the aid of a few committees, to be more deliberate than was the case at the first session. It was evident to all that the House of Delegates is a great improvement on the old general meetings.

Saratoga proved a most satisfactory place of meeting. There was no crowding, the hotel accommodations being ample. A serious fire of Monday night disarranged places of meeting for the Sections, but only to a slight degree. The profession and citizens of Saratoga did remarkably well, and received well-deserved thanks for their painstaking efforts to make the meeting a success from the social side.

THE NEW PRESIDENT OF THE ASSOCIATION.

The election of Dr. Frank Billings as President of the Association for the ensuing year meets with general favor on all sides. A more generally satisfactory choice could hardly have been made. In the first place, all who know something of the personality of the new President find in him a fortunate blending of qualities that go to make successful leaders in professional and educational affairs. Energetic, forceful, judicious, and withal sympathetic—these are some of the more prominent general characteristics that have placed Dr. Billings in such high esteem in the community and in the American medical profession. Not yet fifty years of age, his professional career began as interne in the Cook County Hospital after graduation from the Chicago Medical College (now the Northwestern University Medical School) a little over twenty years ago. This was followed by a period of arduous study in Vienna, where his industry and comprehensive grasp of clinical problems soon attracted the special attention of his teachers, all of whom followed his subsequent development into a leading practitioner and teacher with personal interest. Returning to Chicago he became identified with his *alma mater*, and, passing rapidly through



FRANK BILLINGS.

subsidiary positions, soon gained the professorship of medicine and leading official posts in that institution. When the reorganization of Rush Medical College was commenced some five or six years ago, Dr. Billings was made the head of the Medical Department and Dean of the Faculty, and as such he has taken a leading part in the new development of this school. For years he has been a leading practitioner in internal medicine in the Northwest, whose advice and skill as a diagnostician have been and are widely sought. Needless to say he has always been prominent in all endeavors toward raising the standards of medical education and the better organization of the medical profession, taking an active and prominent place in local, state and national societies. From time to time he has made valuable con-

tributions to medical literature, among the more recent being clinical studies in cirrhosis of the liver, the address in Boston before the Massachusetts Medical Society on the spinal cord lesions of pernicious anemia, and the address in medicine at the Saratoga meeting. As a teacher he is valued especially for his clearness, thoroughness and the application of modern methods in clinical medicine, encouraging investigation and research on part of assistants and students. Finally, mention should be made of his exemplary conduct as a citizen of a young metropolis in devoting much time and energy to the improvement in the management and to the upbuilding of its medical and scientific institutions. These are some of the principal achievements of the vigorous and progressive man, animated throughout by high principles, to whom the distinguished office to which he has just been elected truly may be said to come as a well-merited honor.

A SUGGESTION FOR SURGEONS AND OPERATORS.

The operating surgeon should study pathology. The rapid strides of surgery in the last few decades are to be attributed largely to refinements of technic and diagnosis, the elimination of infection and improvements in the mechanical aids to operating. A certain degree of familiarity with the gross appearances of pathologic conditions, as well as a better understanding of regional anatomy, are no doubt gradually acquired in the operating room; a deftness, sometimes mistaken for skill, and the possesion of an analytical mind that enables more exact diagnoses to be made are also desirable—attributes that, however, are not always met in the same individual. But these qualifications, valuable though they are, should not be striven for to the exclusion of a knowledge of pathologic anatomy, and this to be useful can only be obtained by painstaking study and labor.

Nevertheless, it cannot be denied that, generally speaking, the local surgeons of the smaller hospitals that are so universally springing up in places of a few thousand inhabitants, like their more noted confrères of the cities, of whom naturally more is expected, are satisfied with such details of pathologic anatomy as can be obtained in the living body. The specimen is examined or the necropsy made by a pathologist and the surgeon receives a report; with the operation brought to a successful termination, his interest too commonly is wholly transferred to the patient; the cause of the malady and its modus operandi receive scant attention at his hands. Few surgeons take time to dissect and study diseased tissue or tumors that they remove, in short, to store up in their memories more exact impressions of pathologic anatomy than those acquired in hurried operations. Some few, it is true, are interested in promoting such studies by those less occupied than themselves and who aim at surgery as a vocation, but their number is small when compared with the many whose interests are still firmly absorbed by details of operative technic and postoperative therapy.

It is a well-known fact that surgeons are seldom seen at the autopsies of their own patients, and anything more than their occasional presence at the meetings of pathologic societies has long since ceased to be expected. There are few fields that offer greater opportunities for development, especially in this country, where, as before stated, the progress in surgery has been in other directions. A striking contrast is afforded by the close touch maintained by the physician with morbid anatomy. Not only is he usually the strongest factor in securing privileges of postmortem examination, but many of his problems for investigation come from the material and data obtained in this manner. His greater development is shown by the desire that the examination be complete and thorough, whereas the surgeon often specifies that the entire examination must be made through a laparotomy incision.

It has been, therefore, an entirely natural occurrence to have from various sources such expressions as we noticed recently[1] relative to the too frequent recourse to operative procedures in general surgery and the surgical specialties. There is an echo to some of the statements referred to of Reginald H. Fitz of Boston, in those of Ewing who, in a timely article, attempts to estimate the malignancy of carcinoma of the mammary gland by combining the appertaining clinical and pathologic data.

The extremes and various degrees of malignancy manifested by tumors and thoroughly appreciated by the pathologist are almost unknown to the average surgeon. Ewing points out in a forcible manner that the various forms of mammary carcinoma demand recognition by the surgeon when tables of cured cases are compiled, especially when carcinoma accidentally discovered in breasts removed for benign processes and inflammation are included with the permanently cured. The value to be derived by the surgeon from a perusal of Ewing's article must of necessity be small; he may be interested in knowing that papillary growths of cysts of the mammary gland and other forms of adeno-carcinoma demand a consideration definitely separated from that given to true carcinoma; but these names can carry to his mind no ideas of practical utility unless they are associated with distinct recollections of the associated pathologic anatomy.

The temptation spontaneously arises to suggest more thorough coöperation between pathologist and surgeon as a remedy for the evils that have been hinted at; but this, it is at once apparent, could but counteract wrongs that already exist. The real corrective that is indicated is for the surgeon to ascertain for himself the facts that are being brought to his notice alike by pathologists and physicians. By such means he may forestall the outcry against too prevalent operating; close familiarity with pathologic anatomy will not only teach accurate diagnosis, but, better than all else, it furnishes the knowledge for correct prognosis, and it is the danger and futility of certain operations that are being called to the attention of operators.

1. THE JOURNAL A. M. A., April 26, 1902, p. 1082.

MYELORRHAPHY.

Nerve suture is a recognized surgical procedure, though it is not so very long since it wore off its novelty, so that its literature ceased to grow with every successful repetition of the operation. It is a long step, however, though perhaps not an unanticipated one, from nerve suture to suture of the spinal cord itself. We know that nerve fibers regenerate in the peripheral portion of a severed nerve, but this does not prove that they would effectively do so in the more complicated nerve center, though the course of certain surgical lesions suggests the possibility. Experimental results on animals have, however, pointed to the probability of such occurrence. In the *Philadelphia Medical Journal* of June 7, Drs. F. T. Stewart and R. H. Harte report a case that is especially noteworthy as demonstrating this fact under conditions as convincing as those of the best conducted experiment. The patient, a waitress, had been shot twice with a 32-caliber revolver, one ball entering about one inch to the right of the seventh dorsal spine and passing directly into the spinal canal. There was immediate and complete abolition of motion and sensation below a line transecting the lower part of the tenth dorsal spine and a point three and one-quarter inches above the umbilicus. The line of demarcation was sharply defined and was superimposed by a belt of hyperesthesia reaching as high as the ensiform cartilage, but this also became anesthetic just before the operation. The superficial and deep reflexes could not be elicited. The temperature was subnormal, 97.6; the pulse 120 and fair, and the mind clear. Three hours after the accident operation was performed. An incision about five inches long was made over the dorsal spines with the eighth dorsal spine for its center. After dissecting back the muscles on either side the right lamina of the seventh dorsal vertebra was found crushed in and left lamina of the same vertebra fractured at its base. The spine and lamina of the seventh and eighth dorsal vertebra were removed and the rent in the membranes, through which could be seen the leaden bullet and a number of small fragments of bone lying between the ends of the severed spinal cord, exposed. The spinal cord was entirely severed and after removing the bullet and the lacerated nerve tissue, the distance between the segments of the cord was three-quarters of an inch. This observation was verified by the assistants. The wound was flushed with salt solution and the ends of the cord approximated with three chromicized catgut sutures passed by means of a small staphylorrhaphy needle, one suture being passed antero-posteriorly through the entire thickness of the cord and the other two transversely. The procedure was difficult on account of the narrow space, the consistency of the cord and the wide interval between the fragments, the catgut frequently tearing out before the ends were finally brought together. The dura could not be approximated. A small gauze drain carried down to the cord was allowed to remain for twenty-four hours. The muscles were united with deep sutures of catgut and the skin closed with silkworm gut. The patient was in a better condition after than before the operation.

Sensation began to appear in the form of pain on pressure or squeezing as early as the fifth day and passive movements were felt on the fourteenth day. On the twenty-first day bladder sensation returned and the patellar reflex was detected for the first time. At the end of two months the patient was out of bed in a wheeled chair, could move the right big toe and feebly flex the knee. The progress was steady after this. Visceral function returned and now, sixteen months after operation, the patient can voluntarily flex and extend the limbs and rotate the thighs and is able to stand with either hand on the back of the chair, thus supporting much of the weight of the body. The sensations of touch, temperature, pain and position are general. The difference between heat and cold is not quite fully felt. Pinpricks can be localized as low as a line running two and one-half inches below the umbilicus. A single pinprick can be differentiated from several and from a sharp blow of the pencil as far as the knee, but localization is not accurate. Reflexes have reappeared to a large extent and are reinforced by muscular exertion of the face or arms. Trophic changes and degeneration reactions are absent. Bladder and bowel control have been regained to a large extent since the eighth month. As Stewart and Harte remark, this seems to be the first clinical myelorrhaphy performed on man, and as such it will stand as a landmark in spinal surgery. The fact that it was a practical resection of the cord and approximation of the divided ends adds to its interest. The partial return of function under the conditions existing suggests the possibility of a still better result in cases where such tension and tearing and mangling of the spinal tissue could be avoided. The authors have succeeded in approximating the cut ends after resection of an inch of the cord in the cadaver; that they were thus successful under the much less favorable conditions with a separation of three-fourths of an inch in the patient, indicates the tolerance of the parts as well as the skill and boldness of the operators.

The operation will doubtless be repeated from time to time; it is one that seems certainly justifiable, and even better results may be hoped for in some future cases. It is only another step to spinal grafting, even if the lower animal tissues cannot be utilized. This is certainly not beyond the legitimate possibilities of the scientific imagination. As it stands, the case is one of the most notable in the surgery of the nerve centers.

HYPODERMIC PARAFFIN INJECTIONS.

Since hypodermic and submucous injections of paraffin were first introduced by Gersuny in 1900, the method has been applied to a variety of conditions with most gratifying results. Solid and liquid paraffins are mixed in such proportions that the mixture has a melting point of from 96.8 to 104 F. This is sterilized by boiling, drawn into a sterilized syringe while liquid and in-

jected after cooling partially, the material passing from the needle as a semi-solid thread. If paraffins of a lower melting point are used they do not become firm enough, and if those which require a higher temperature to melt are employed, the heat needed to keep the paraffin soft enough to allow it to be injected may do harm. Sterile paraffin is devoid of any toxic properties and when injected hypodermically produces no reaction. In places where the paraffin is not subjected to pressure, it remains where injected, and finally becomes encapsulated and of the hardness of cartilage. The mass becomes surrounded by a connective tissue capsule, but it is probably never absorbed. Schleich's infiltration anesthesia may be employed if the injection is made into tissues which do not readily yield.

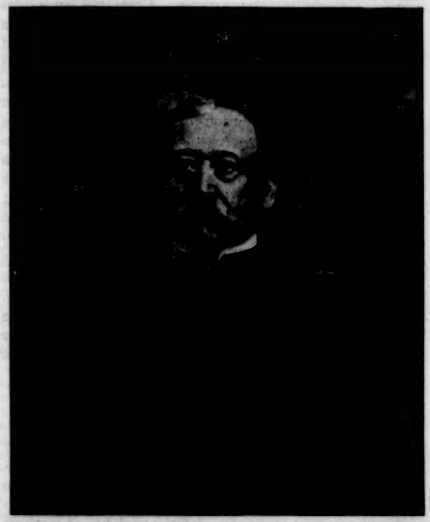
Injections of paraffin have been used largely for the correction of defects and for cosmetic purposes. Successful treatment of nasal deformities, especially depression of the bridge, has been reported by various operators. Depressions of the surface after resection of the superior maxilla, resection of ribs, etc., have been overcome by these injections. The difference in the appearance of the two sides of the face in progressive facial hemiatrophy has been corrected by the injection of paraffin beneath the skin. Excised testicles may be replaced by ones of paraffin which do not differ in external appearance from the natural organs. Most gratifying results have followed the use of the injections for the relief of incontinence of urine due to injuries of the urethra and vagina, and for incontinence of feces from fistula in ano, etc. It has been recommended for narrowing the inguinal ring in hernia, and for the prevention of vaginal prolapse. After enucleation of the eyeball, it has been employed to improve the shape of the stump with evident success. The field of usefulness for this method of treatment appears to be large, and new opportunities will constantly occur in which it may be applied. With a certain amount of artistic talent, most remarkable cosmetic effects may be expected from its use.

NEW JOURNAL.

American Gynecology is the title of a new journal which is announced to begin publication from New York City in July, and which will be devoted to gynecology, abdominal surgery and obstetrics. The journal will be owned and controlled by a stock company consisting solely of members of the profession interested in its special field. It will be conducted under the able editorial management of J. Wesley Bovée, M.D., Washington, D. C.; Charles Jewett, M.D., New York; Charles P. Noble, M.D., Philadelphia; Reuben Peterson, M.D., Ann Arbor, Mich., and J. Whitridge Williams, M.D., Baltimore.

SURGEON-GENERAL FORWOOD.

The new Surgeon-General of the Army, Brigadier-General William H. Forwood, has had a long and honorable record in the service. Entering the army in 1861 as an assistant-surgeon, he was present at many engagements up to October, 1863, when he was severely wounded. During the remainder of the civil war his duty was chiefly in charge of hospitals and depots, but later he was again in active service on the frontier in Indian campaigns in the 60's. He has held many important positions in the medical department of the army since the civil war, such as president of the army medical school, and of the army medical examining board and other boards, head of the medical service in army departments, etc. Besides his medical writings, which are numerous and include monographic articles on military surgery in systematic treatises and text-books, he is the author of a number of scientific papers, botanical,



WILLIAM H. FORWOOD.

geological, etc., in government publications and elsewhere. His retirement under the age limit will occur next September.

LATENT PNEUMONIA.

Now and again death takes place abruptly, without premonition, or possibly after some trivial cause not sufficient in itself to bring about the fatal event. If such an occurrence be sequent to injuries received at the hands of another, or alleged thus to have been inflicted, it may become a matter of medicolegal importance to determine the exact part played by all of the possible etiologic factors. Under such circumstances postmortem examination may at times disclose some wholly unsuspected morbid condition as the cause for the sudden taking off. The most common cause for such an event is disease of the heart, particularly involving the aortic leaflets and orifice, while among the acute inflammatory disorders that may pursue a latent course throughout the entire period of their existence pneumonia is one of the most common, if not the most com-

mon. As the result of an analysis of 33 cases of the latter kind in which death took place suddenly and unexpectedly, the patient exhibiting no obvious sign of disease, Mr. Harvey Littlejohn[1] affirms that pneumonia may be completely latent during its whole course. The form of the disease most liable to be latent is basal lobar pneumonia. On the other hand, alcoholic apical pneumonia is rarely latent during its whole course. The disease may be latent even though the whole of one lung or a considerable portion of both lungs is affected. In cases of latent pneumonia, sudden death most commonly occurs during the stage of gray hepatization. The condition is practically confined to individuals addicted to excessive alcoholic intemperance. Complete consolidation of the whole of one lung is not inconsistent with a person having continued to lead an active life up till the time of death. Latent pneumonia is most frequent as a cause of sudden death during the winter months. It is most common after the age of 40 years and in the male sex. The explanation of the latency is to be found in the quantity of alcohol consumed after the onset of the disease, first, in masking the ordinary signs and symptoms by dulling sensibility; second, by its stimulating effect, thus enabling the person to go about until he suddenly collapses and dies. In medicolegal cases the discovery of latent pneumonia may satisfactorily explain the death of an individual and thus allay suspicion connected with the case. On the other hand, the existence of pneumonia, even in an advanced stage, will not preclude the possibility of an individual having died from other causes, natural or violent, and of his having been at the time of receiving an injury in a state of apparent good health.

THE PATHOLOGIC EXHIBIT AT SARATOGA.

While not so large as the exhibit at St. Paul a year ago, the exhibit at Saratoga with its well-arranged specimens, 1300 or more in number, proved fully up to the standard of former exhibits as regards quality and general educational value. Dr. Jeffries and his co-workers deserve hearty thanks for their successful efforts, which meant to these gentlemen and others much hard, and at times not very interesting work. The exhibit was visited by large numbers, the well-lighted hall being crowded much of the time. The unrestrained admission of the laity, including minors, was probably not altogether desirable from various points of view and ought to be better controlled at future meetings. The proposed enlargement of the scope of the exhibit, which was urged in the address of the chairman of the Section on Pathology and Physiology, will surely meet with general approval. It is the intention hereafter not to limit the exhibit so much as heretofore to pathologic anatomy, but to make a "scientific exhibit," including suitable materials of anatomic, physiologic, pathologic and bacteriologic interest, not intending thereby, however, to open the doors, even the slightest, for commercial concerns, such as instrument makers and others. The suggestion to appoint a director of the exhibit and to pay him something for his work is also calculated to still further improve and develop the undertaking in the right direction. Among the individual exhibits it may be permissible to refer especially to the large, interesting, and well-mounted collection of pathologic specimens from Rush Medical College. The idea exemplified in the arrangement and labeling of the specimens in this group seemed to be to make everything so clear that "he who runs may read." And this feature was certainly worthy of emulation. This group contained an instructive series of specimens illustrating adrenal tumors (hypernephromas) of the kidney and elsewhere, and their metastases into various parts, including the bones. In view of the frequency and clinical importance of this form of tumor, these specimens were shown at a most opportune time, because of the need now of popularizing what has been learned during recent years of hypernephromas. Reference may be made also to a specimen of a white rat that by some misfortune early in life lost one hind extremity and part of its tail, the stump of which had been adapted to do the service of the absent member—an excellent illustration of adaptation under unusual circumstances. The collections of appendices vermiformes by Dr. Emerson and by Dr. Abbe were artistic and instructive. Among other collections may be mentioned those from the Post-Graduate School of New York, from the University of New York, from the Albany Medical College—an interesting group of bone specimens from the Western Reserve Medical School, and the anatomic specimens from the Medical Department of the University of Illinois. It will be noticed that the institutional exhibits were limited to a rather small number of institutions, so that there remain rich sources for future meetings. Among individual exhibits that by Ravenel of Philadelphia, illustrating the development of bovine tuberculosis from the injection of the bacillus of human tuberculosis and its products was especially noteworthy because of its bearing upon the question of the dangers of bovine tuberculosis. Close examination of the specimens could only strengthen the position of Ravenel and others in their attack on Koch's views. The models of smallpox lesions shown by Dr. Ewing; Dr. Newborn's cultures of fungi causing hair diseases; and Dr. Rosenow's cultures of the tubercle bacillus also merit mention. The *x*-ray pictures of the intestinal movements from the Harvard Physiological Laboratory were among the more remarkable of the large series of photographs placed on exhibition by various persons. Even this very incomplete list will indicate the scope and educational value of the exhibit, the influence of which, if continued and enlarged, in the final instance can not but lead to an increased general interest in the scientific aspects of medicine.

1. Edinburgh Medical Journal, April, 1902, p. 317.

Study of the Autointoxications of Pregnancy.—A recent Geneva thesis by J. Olivier reports the results of the investigation of the eliminating power of pregnant women by means of methylene blue or rosanilin. The elimination was found normal in many cases which presented the severest symptoms clinically. In other cases, the elimination was notably defective while the course of the pregnancy and puerperium was normal. In five cases of eclampsia, the elimination was defective in all but one. In this patient the elimination was perfectly regular, but the symptoms were far more severe in this case, and it terminated fatally. Olivier concludes that renal or hepatic insufficiency is not inevitably necessary to the production of autointoxication. The pathogenesis in certain cases evidently includes an overproduction of toxins. The elimination of such excessive amounts is impossible in spite of the integrity of the natural emunctories.

Medical News.

IDAHO.

Addition to Hospital.—An addition to St. Alphonsus Hospital, Boise, is under construction. It will be of brick, two stories high, 42 to 100 feet, will contain 23 rooms for patients, operating and dressing rooms, etc., and will cost about $25,000.

Quack Doctor Convicted.—F. W. Martin, who has been professing to cure cancer and other diseases, agreed to cure a cancer for a woman in Shelley, and had taken her husband's notes for $175 and $25 in cash, but never did anything beyond sending her a box of salve and some powders. He was arrested and tried for practicing medicine without a license, pleaded guilty, and in default of money to pay his fine is now working out his sentence in the Bingham county jail.

ILLINOIS.

Macomb Hospital.—Under Roman Catholic auspices a modern hospital to accommodate from 40 to 60 patients is to be erected at Macomb, at a cost of $25,000.

Robbins Resigns.—Dr. Joseph Robbins, superintendent of the Illinois Central Hospital for the Insane, Jacksonville, has resigned on account of lack of harmony among the attaches. The resignation takes effect July 1.

The Wabash Hospital.—The Wabash Railroad Company will pay $7500 for the site of its division hospital at Decatur, and per contra, the city agrees to furnish water to the hospital at four cents a thousand gallons until $7500 worth has been used.

State Board Loses Suit.—Attorneys for the State Board of Health lost their case against Mrs. Mabel A. Jackman, who was charged with practicing medicine without a license. On February 13 Mrs. Jackman was fined $100 by Justice O'Donoghue. The case was appealed and Judge Kavanagh reversed the decision. Mrs. Jackman claims to be a spiritual healer, and says she has never offered medicine in healing.

Chicago.

Underdosage of Patients.—The medical officer-of-the-day, after an interval of rest, comes to the front with the statement that nurses are not giving patients at the County Hospital as much medicine as the physicians direct.

Personal.—Dr. and Mrs. Arthur R. Elliott have sailed for Europe.——Dr. Arthur M. Corwin has been appointed professor of diseases of the nose, throat and ear, in the Chicago Clinical School.——Dr. Albert B. Hale will spend the summer in Germany, returning about September 15.

Improved Public Health Conditions.—The Department of Health reports that public health conditions continue to improve, as is to be expected at this season of the year. Next to November, the month of June has had the lowest mortality rates of any of the months during the last twenty years. Last week's total deaths were 461.

Unlicensed Hospital Burned.—On June 9 a building occupied as a hospital for inebriates and operated by an ex-hernia curer of Denver, who now poses as a philanthropist, caught fire, and ten lives were lost, the list including two physicians. The Health Department had repeatedly been asked to issue a hospital permit for this institution and had, after repeated inspections, invariably declined.

INDIANA.

Morbidity.—Diseases prevailed in the following order in May: Rheumatism, tonsillitis, bronchitis, pneumonia, measles, diarrhea, pleuritis, influenza, erysipelas, scarlet fever, whooping cough, typhoid fever, cholera morbus, diphtheria, dysentery, puerperal fever, cerebro-spinal meningitis.

Preventable Mortality.—In the annual report of the State Board of Health it is shown that 9377 deaths occurred from preventable diseases. Consumption caused 4662 deaths; typhoid fever, 1198; scarlet fever, 149; diphtheria, 554; diarrheal diseases, 2501; puerperal fever, 292, and smallpox, 21.

Hospital for the Incurable.—In response to the offer of an anonymous individual who offered to give $5000 toward the building of a hospital for incurables at Indianapolis, provided a like amount was subscribed, the Flower Mission has received subscriptions amounting to $5016. It is proposed to erect the building on the City Hospital grounds.

May Deaths.—The statistics of the State Board of Health for May show that there were 2502 deaths in that month for the state—a rate of 11.7 per 1000 per annum. The city deaths numbered 1065, a rate of 14.6 per 1000 per annum, and the country deaths 1437, a rate of 10.2 per 1000 per annum. The city rate is 2.9 higher than the rate for the whole state and the country rate is .5 lower than the rate for the whole state. By important ages the deaths were: Under 1 year of age, 353; from 1 to 5, 126; from 5 to 10, 60; from 10 to 15, 47; 65 and over 658. Twenty-eight per cent. of the deaths were of those over 65. By important causes, the deaths were: Consumption, 344; pneumonia, 192; typhoid fever, 32; diphtheria, 26; measles, 19; whooping cough, 14; scarlet fever, 5; diarrheal diseases, 30; cerebro-spinal meningitis, 21; influenza, 14; puerperal fever, 16; cancer, 104, and violence, 140.

MARYLAND.

Midwife Fined.—A midwife of Baltimore was fined $20 and costs, last week, for treating a new-born infant suffering with purulent conjunctivitis contrary to law, which requires such cases to be reported at once to the health commissioner or turned over to a physician.

Personal.—Dr. Smith H. McKim of the Hospital for Crippled Children, Baltimore, who spent several months in orthopedic work in England, France and Germany, has returned to the city.——Among the passengers sailing from Baltimore, June 10, for Bremen were Drs. Louise Erich and Albert Haas. ——Dr. Harry Baetjer has sailed for Europe, where he will investigate the *x*-ray apparatus at the leading universities in the interest of the Johns Hopkins University. Dr. Thomas R. Barber, of Granite, Baltimore County, was run over on June 12 and had his leg broken.

Faculty Changes in University of Maryland.—The vacancy in the chair of surgery in the University of Maryland, created by the resignation of Dr. L. McLane Tiffany, has been filled by the election of Dr. Randolph Winslow, who has for several years filled the chair of anatomy and clinical surgery and prior to that was professor of surgery in the Woman's Medical College. Dr. J. Holmes Smith, demonstrator of anatomy, has been advanced to the chair of anatomy in the same institution, Dr. D. M. R. Culbreth has been made professor of materia medica and Drs. Frank Martin and St. Clair Spruill have been made clinical professors of surgery. Dr. Joseph W. Holland has been made demonstrator of anatomy.

Johns Hopkins Commencement.—The commencement of the Johns Hopkins University was held on June 11. Among the graduates were 57 in medicine, of whom 5 were women. President Remsen announced that $908,000 of the $1,000,000 endowment fund had been collected and announced himself confident that the balance would be raised by July 1. The following are the "honor men" of the medical class: Henry William Ochsner of Waumandee, Wis., S.B. Univ. of Wisconsin, 1898, first honor, followed in order by Thomas W. Clarke, M.D., Utica, N. Y.; John Auer, M.D., Chicago; John B. Briggs, M.D., Baltimore; Carl H. Horst, M.D., Butte, Mont.; Alice W. Tallant, M.D., Boston; John W. Churchman, M.D., Burlington, N. J.; Camillus Bush, M.D., Woodland, Cal.; Carey P. Rogers, M.D., Raleigh, N. C.; Otis B. Wight, M.D. Stanford Univ., California; Nellis B. Foster, M.D., Utica, N. Y.; Edmund W. Meisenhelder, M.D., York, Pa.; Charles B. Wright, M.D., Grand Forks, N. D., and Henry W. Cook, M.D., of Baltimore. The following appointments in the medical faculty were announced: William G. MacCallum, M.D., now associate, to be associate professor of pathology; Guy L. Hunner, M.D., now instructor, to be associate in gynecology; Walter Baumgarten, M.D., to be assistant in medicine; Florence R. Sabin, M.D., to be assistant in anatomy, and Benjamin R. Schenck, M.D., to be instructor in gynecology.

OHIO.

Personal.—Dr. Edwin S. Ricketts has been elected to the chair of abdominal and gynecological surgery in the Cincinnati College of Medicine and Surgery.

Western Reserve Commencement.—Western Reserve University held its seventy-sixth annual commencement and the fifty-eighth annual commencement of its medical department at Cleveland, June 12. A class of 36 was graduated in medicine.

Surgeons of the Fourth.—The new medical staff for the Fourth Regiment is as follows: Dr. J. Wilson McMurray, Marion, surgeon-major; Dr. Sterling B. Taylor, Columbus, assistant surgeon, and Dr. Cassius M. Shepard, Columbus, assistant surgeon.

Faculty Changes.—The Medical College of Ohio, the medical department of the University of Cincinnati, announces the following additions to the faculty for the session of 1902-3: Dr. Charles A. L. Reed has been appointed professor of clinical gynecology; Dr. A. H. Freiberg, professor of orthopedic sur-

gery; Dr. Charles Seth Evans, professor of genito-urinary surgery; Dr. J. W. Rowe, adjunct professor of obstetrics, and Dr. Robert Caruthers, adjunct professor of surgery.

PENNSYLVANIA.

Philadelphia.

Reception for Surgeon-General of Navy.—The Medical Club gave a reception and banquet in honor of Surgeon-General Pressley M. Rixey, U. S. Navy.

Gift to University.—An anonymous gift of $100,000 has been recently made to the University of Pennsylvania, to be applied to the building fund of the new medical laboratories.

Personal.—Dr. William Thompson has resigned as attending surgeon to Wills Eye Hospital and is succeeded by Dr. William Campbell Posey.——Dr. Sarah H. Lockrey has been elected to the staff of visiting physicians of the West Philadelphia Hospital for Women, vice Dr. Ida E. Richardson, deceased.

Hospital Bequests.—The late F. G. Dreer left by will about $100,000, to be divided, after ten years, among the Frederick Douglas Hospital, Presbyterian Hospital, German Hospital, and other charitable institutions. Should his sons die without children over $200,000 is to be divided among a large number of hospitals, homes, etc.——The late Dr. Hulshizer left a large part of his library to St. Joseph's Hospital with an additional bequest of $500 on the death of his widow.

Municipal Hospital Inadequate.—The present Municipal Hospital, which treats contagious diseases, exclusively, is inadequate in capacity and equipment for the purpose. Money has been appropriated for a new hospital, but great difficulty is experienced in selecting a suitable site, especially because the residents and property-holders near all proposed sites make such strenuous objections to the pest-house. Dr. John V. Shoemaker, president of the Board of Charities, proposes, as a plan in solution of the problem, to place the Municipal Hospital in connection with the Philadelphia Hospital (Blockley), the former replacing the insane department and almshouse now connected with the latter. In such an event, the insane department and almshouse would be removed to some isolated, ample place, perhaps Petty's Island.

GENERAL.

Quarantine Island at Honolulu.—Kuahua Island in Pearl Harbor, near Honolulu, is to be transferred to the United States for use of troops who are quarantined, to avoid the unpleasant necessity of keeping soldiers and officers restricted to crowded quarters on shipboard in sight of land, in cases of ships with contagious disease aboard. This provision for comfortable quarters for several thousand men is especially valuable now in view of the cholera and plague in the Asiatic ports from which our transports come.

San Francisco Plague Report.—*Fifty-fifth Case*: Lee Mon, aged 42, Chinese printer, died at 731 Washington Street at 1 p. m. on May 19, 1902. Autopsied at 3:36 p. m. Body that of an unusually well-nourished, muscular Chinese male. Rigor mortis just beginning. Pupils moderately dilated. Sclera showed great injection of blood vessels and a few small hemorrhages. No evidence that "black san" treatment was given patient during life. Two or three small hemorrhages into the skin over the abdomen. Right inguinal region more prominent than left, and over this area of prominence the skin had a yellowish anemic appearance, probably due to pressure from the edema beneath. This yellowish area extended along Poupart's ligament, from the pubes to the anterior-superior spine, a line from the anterior-superior spine dropped downward for three inches, thence across to the center of Scarpa's triangle to a point about three inches below Poupart's ligament and thence back to the pubes. Palpation in this region showed a mass of enlarged glands so matted together by infiltration that it was impossible to feel any individual gland but only the whole indurated mass, which constituted an important plague indication. Incision, crucial in shape, was made over this area. Flow of edematous fluid followed the knife-cut. Subcutaneous tissue found injected and edematous. The glands were enlarged, hemorrhagic with areas of necrosis. Incision made on the opposite side showed normal inguino-femoral region. There was no wound to account for the glandular enlargement mentioned, nor lesion of the penis, and by far the greater—five-sixths—of this glandular mass lay below Poupart's ligament. Two old atrophic scars, one on the right leg, two inches above the ankle, lying over the anterior aspect of the tibia. These scars were probably the result of injuries received many years ago. There was no enlargement of the axillary glands noticed on palpation, nor the cervical glands. The appearance of the body before the autopsy justified a provisional diagnosis of plague, which was made. Smears from one of these enlarged glands showed plague-like bacilli in great numbers. Long median incision made. Subcutaneous blood vessels distended. Muscles a little darker than normal in color, moist, unusually firm and well developed for one of this race. Peritoneal cavity opened. Intestines in normal position. Omentum very rich in fat, did not cover intestines, but was retracted up to the costal border. Blood vessels of omentum injected, but there were no hemorrhages. No fluid in abdominal cavity. Appendix normal, pointed toward pelvis. Liver extended two finger breadths below costal border, near the median line. Spleen not adherent to abdominal wall. Spleen enlarged about twice, or little less, its normal size. Of a uniform dark bluish color, with the exception of a few areas which were light pink. Section of one of these showed the characteristic wedge shape of infarct. Organ soft, showed no subcapsular nodules. Cut very easily. Cut surface very rich in blood. Slight bulging of the pulp. No connective tissue increase. Thorax opened by removal of sternum; lungs met in median line, did not completely collapse. Left pleural cavity contained about a pint of clear serum. Pleura not adherent and showed no evidence of present or previous pleurisy. Right, in same condition—that is to say, hydrothorax. Lungs crepitated throughout. Vesicles about borders distended. Organ considerably larger than normal, pitted on pressure, cut easily. Cut surface poor in blood. Air, blood and serum exuded in normal proportions. Mouerate pulmonary emphysema. Pericardium opened. Contained a small quantity of straw-colored fluid. Heart surface covered with fat. Apex formed entirely by the left ventricle, which was firm and decidedly hypertrophied. Right ventricle normal in consistency and size. Vessels not tortuous. Pericardium smooth and showed neither injection of vessels nor hemorrhage, except in one small area, where there was a patch of slightly dilated vessels. Heart removed. Mitral valve very much thickened and sclerotic. Left ventricle muscle thickened, but normal in color and appearance. Aortic valves normal. Aorta showed numerous plaques, which did not, however, obstruct coronary openings. Left kidney removed. Fatty capsule unusually rich. Capsule tense, organ rather soft. Capsule strips off very easily. Cut easily. Cut surface rich in blood. Injected, blood-stained, with areas of loss or diminution in contrast between cortex and pyramids. Cortex normal in breadth (acute nephritis). Liver enlarged, soft, of a light yellowish color, interspaced with areas of venous congestion. Capsule, transparent, smooth and glistening. Cut very easily, and showed a light yellowish cut surface—was quite rich in blood. There was no increase in connective tissue, nor change in the structural appearance, fatty infiltration and congestion being the only abnormal conditions. Bladder one-half full; peritoneal surface slightly injected. No involvement of the iliac glands on either side. Mesenteric glands not enlarged, mesentery very rich in fat. Intestines appeared normal. Stomach empty, but not injected. Gall-bladder moderately distended, but emptied on pressure. Anatomic diagnosis: Chronic endocarditis, pulmonary emphysema, fatty infiltration of the liver, double hydrothorax, acute nephritis, acute adenitis, the latter probably due to plague infection. Probable cause of death, bubonic plague. Smears from the spleen showed plague-like bacilli in small numbers. The organisms from the inflamed glands and from the spleen were morphologically and tinctorially pest-like. Animal inoculation was positive. This man died after an illness of only a few days and was attended by a Chinese physician. The origin of the infection could not be traced.

Fifty-sixth Case: Chin Kee, a Chinese male about 25 years of age, died, May 25, at 811 Jackson Street. He had a very large bubo in the left axilla. The glands were very large, dark purple, hemorrhagic and necrotic. Smears from the glands showed numerous plague bacilli. No autopsy was performed.

An Unsettled Case, May 26, Lum Ying Hein was autopsied at the Federal morgue. He was 25 years of age and died at 847½ Clay Street, at 9 a. m. of the same day. There was very slight enlargement of the glands of the groins and axilla and they were slightly injected. No regular bubo. A very few bipolar bacilli were found in smears from the glands and spleen. The man had been sick four days with high fever commencing with chill. This may turn out to be another case of plague. No other cause of death found at autopsy. Animal inoculations not completed.

Fifty-seventh Case.—Hong Quai, aged 4, died at 742 Pacific Street, May 29. Body that of a well-nourished, well-developed Chinese boy, showing no external marks of violence and having the postmortem rigidity and lividity generally well marked.

The distal phalanges of the thumbs were flexed under the fingers. The skin was free from exanthem, but on both legs were several scratch marks. The joints seemed normal, as did the genito-perineal region. There were no visible lesions on the scalp. On the right neck there was a visibly and palpably enlarged post-cervical gland, about 7 cm. in diameter, which was firmly seated. Exuding from the nose and mouth was a frothy discharge. There was a visibly and palpably enlarged gland, about 6 cm. in diameter, and immovable in the left axilla. The omentum was somewhat injected and covered the intestines, which were clear, moist and showed no hemorrhages. The true pelvis was filled with a clear straw-colored serum. The gall-bladder was distended with bile which had stained the surrounding tissues. Other organs presented no extraordinary features. There was a decidedly hemorrhagic condition around the left axillary gland which showed macroscopic evidence of pest as did the post-cervical gland. Stained smears from the glands and spleen showed the presence of an organism which was morphologically the bacillus of plague.

The Sternberg Dinner.—A highly representative gathering took place June 13, at Delmonico's to do honor and to pay homage to the retired Surgeon-General, George M. Sternberg. Representative practitioners of the East and the West, of the North and the South, were present, and the occasion was a most enjoyable one. Dr. E. G. Janeway, in his introductory remarks, first read a telegram from Major-General H. C. Corbin, in which he offered congratulations to Dr. Sternberg and his sense of appreciation of duty well done. Dr. Janeway further remarked that on being retired at the age of 64 it could well be said that Dr. Sternberg did not retire on any grounds of insufficiency; he was not responsible for the date of his birth, and it was by Act of Congress that he was forced to give up this particular line of activity. He expressed the hope, however, for this illustrious student of bacteriology, Fellow of the American Association of Hygienists, Commissioner on the Study of Yellow Fever, author and worker, that many years would be left him in which he could carry on his work.

In response to this toast General Sternberg said that words failed him in which to express his high appreciation of the compliment paid him by making him the guest of honor. Such a compliment, coming from the leading members of the medical profession at a time when by the operation of law he had reached the end of his active service as a medical officer of the Army, was especially gratifying. Accepting this testimonial as evidence of approval of his efforts for the promotion of medical science and of the interests of the Medical Corps of the Army, he thanked one and all most sincerely. At the same time he felt that the results accomplished have fallen much below his earnest desires and perhaps have not been commensurate with the opportunities he had had. His first efforts in the field of etiology and prevention of infectious diseases were made at a time when no one in this country was prepared to give instruction in methods of research, and he was to a large extent thrown on his own resources. The tubercle bacillus, the typhoid bacillus and many other well-known pathogenic micro-organisma had not yet been discovered and a most promising field of investigation was presented to his view, for he was strong in the belief that infectious diseases must be due to infectious agents capable of self-multiplication —i. e., to living disease germs. It so happened that the principal problem which he was called upon to solve was one of the most difficult that has engaged the attention of investigators, and one in which bacteriological methods have proved to be of no avail except in establishing a negative proposition—i. e., that yellow fever is not due to a micro-organism of this class. The time and persistent work devoted by him to an investigation of the etiology of this disease might have given more fruitful results had his attention been turned in some other direction, but while he met with serious disappointment in his failure to discover the yellow fever germ, he had the satisfaction of knowing that his researches cleared the way for the subsequent demonstration by Reed and his associates, of the method by which this disease is transmitted from man to man. When he commenced his research work he had to provide his own microscope and material. There not only was no bacteriological laboratory or apparatus at any military post, nor even at any medical school or university in the country. The Medical Corps of the Army is to-day in a high state of efficiency and he expressed himself proud to have been the chief of this *corps d'élite* during a period when its efficiency and usefulness had been put to so severe a test. The profession, also, has reason to be proud of its members who are attached to the military service of the country. Our senior surgeons have been called upon to fill positions of great trust and responsibility during the past four years, and have, as a rule, acquitted themselves with great credit. As chief surgeons in the Philippines, in Cuba and in Porto Rico, they have been to a large extent responsible for the administration of the affairs of the Medical Department, and have been called on not only to protect troops from the ravages of infectious diseases, but to perform a similar service for the natives of the various islands in which American soldiers have been called to serve. In all of these islands smallpox was widely prevalent, and in all it has been practically stamped out. In Cuba yellow fever was a scourge which threatened to do us greater injury than the bullets of our foes. But thanks to Reed and his colleagues, we now know how to prevent its extension and have practically stamped it out in the city of Havana, which has for many years been its principal endemic focus in the West Indies. In the Philippines, bubonic plague has been kept in check by the strenuous exertions of our medical officers, and the latest reports indicate that it has almost disappeared from the city of Manila. Unfortunately, Asiatic cholera has recently gained a foothold in Manila and the neighboring provinces. Colonel Maus, who is at present acting as Commissioner of Public Health, is fighting this scourge with every means known to science and hopes to be able to avert a serious epidemic. As sanitarians, as surgeons, as all-round practitioners of medicine, and as scientific investigators, the Army has in its ranks many medical officers who are an honor to the Corps and to the profession. The general hospitals at the Presidio, at Fort Bayard, at Washington Barracks, and at Hot Springs, Ark., are models which bear comparison with the best civil or military hospitals in any part of the world. The same is true of our principal hospitals in the Philippines. In this country nearly every military post of any importance has a modern hospital well adapted to the requirements of the military service, provided with a well-equipped laboratory for clinical and research work, and an operating room which would be regarded with satisfaction by any surgeon accustomed to the precautions necessary for successful aseptic surgery. In closing, General Sternberg thanked his audience again and most sincerely for the testimonial of their esteem. He said: "Your endorsement of my life work is of more value to me than military honors or financial competency. I have at times felt discouraged and disposed to think that I have fallen far short of what might reasonably have been expected in view of my opportunities. But it is reserved for the very few to accomplish great things and the physician who has won the esteem of those of his profession who are best qualified to judge of his work may well be satisfied although he realizes that he has but a small share in promoting the advancement of scientific medicine and the interests of our beloved and humane profession."

Dr. Alexander H. Smith responded to the toast "The United States Army." He had watched the career of General Sternberg, and throughout the Spanish war had felt great pride in his achievements. He had seen that the medical department was not second-best, but first-best notwithstanding all the drawbacks; the results were more satisfactory and the criticism less than in any other department of the service, and Dr. Janeway then and there demonstrated that a medical man might have executive ability outside his own lines.

Colonel Henry Lippincott said that the Army and his own corps all gravitated towards General Sternberg; their respect and love reached out in his direction. The work that Dr. Sternberg had done, finding ten years ago the miserable old stuff left from the Civil war, in remodeling and reconstructing the corps so thoroughly and fundamentally, was a matter to be proud of, and they were proud to have such a medical man in the army; they honored the man who made it possible and owed him a debt of gratitude.

Speaking on the work of the Army in Cuba, Dr. William Osler, Baltimore, said that it was a happy expression, "Peace hath her victories no less renowned than war." A foe worthy of the best of America's steel had been encountered and no chapter in the history of medicine will be able to stir the blood of the American profession as will that Welch will tell of the battle of yellow fever. Here was the foe that General Sternberg had fought, and with success; he would go down to posterity with the honor of a battle long fought and valorously won. The victory was accomplished in a way that reflected great credit on the army and on the state. The work of Reed and Carroll was a piece of work well planned and well carried out, a demonstration to the entire world.

Major W. C. Gorgas said that had their work not been as successful as good fortune had made it, General Sternberg would have received the entire blame, the success was his also. When Havana was occupied in 1899 he became a health officer in the spring with no very clear idea of what to do and at first he had devoted his attention to organization and development of a sanitary department; work was started in on all lines, good as well as bad, bad as well as good. There

was little yellow fever in the spring of that year, but in the fall and winter there was a great deal. In 1900, though the general sanitary condition had immensely improved, yellow fever was still present and the epidemic was of a severe character. There were over 1400 cases, and 300 deaths, and he felt discouraged at the little progress made. In 1900 Dr. Reed, chief of the Bureau, first directed work along the lines of the theory of the mosquito infection, and he proved that the mosquito can be infected only during the first three days of the disease, and that there is a period of from 12 to 25 days when the bite of the stegomyia can convey the disease. In February, 1901, the Sanitary Department was reorganized and turned its attention to study the local conditions and their relation to the spread and development of the mosquito. The rain-barrels, the family cisterns, all breeding the stegomyia, the Chinese gardens from which came anopheles, all these were studied in much detail, and a large force of 150 men was put to work. There were but few cases of yellow fever at the time, and the mosquitoes of the neighborhood were killed by fumigation, pyrethrum powder proving a very efficient mosquitocide. In January of 1901, the city was free from yellow fever; in July the suburbs received a certain amount of reinfection; but on Sept. 28, 1901, the last case of yellow fever occurred. Since that time the land has been practically free, since Havana has been the center of infection. The success had been due to the study of the mode of propagation, which discovery had been made possible by the enthusiastic co-operation of General Sternberg.

Dr. John A. Wyeth of New York, the retiring President of the American Medical Association, then introduced Dr. Frank Billings, the recently elected President of the American Medical Association.

Dr. Billings said that he would not feel he could add anything to what had been so well said, but that he desired to speak for the American Medical Association, the representative body of American physicians. It was a great pity, he thought, that this Association does not embrace all; the reasons for this are not hard to find, however; it is in part due to the great extent of our country and the relative difficulties in transportation facilities. But these are being steadily overcome, and he hoped the time would shortly come when the entire body medical would be found standing together with all misunderstandings laid aside; that physicians would not be considering each other as doctors, but rather as men and more particularly as gentlemen who were meeting on common ground. When that day should come, and as he saw it it was very rapidly approaching, there would be no difficulty with ethics, and the new organization which had proved so successful under the guiding administrations of Dr. Wyeth and Dr. Simmons would go forward, and that the higher standards of professional integrity and scientific research would go forward through the broadening and uplifting influences of the American Medical Association.

Dr. W. H. Welch, Baltimore, spoke of that side of the work of Dr. Sternberg most familiar to him, namely, his work in bacteriology. Dr. Sternberg, he said, was the pioneer worker in bacteriology in this country; he had been compelled to acquire the technic from reading, and we all knew how he had perfected a technic equal to that of the best. Dr. Sternberg had made many important discoveries; his work on disinfection and disinfectants would stand as a monument alone. It was as the first and isolated micro-organism of pneumonia, and his work with yellow fever would stand forever. He said that it was so common a thing, in these busy days, to forget the steps which led up to any important discovery. All that Dr. Sternberg had done in the study of yellow fever was necessary work and it had to be done in just the way that he did it. The ground had first to be cleared; if it were not so the discovery would not have been possible, and later discoverers themselves would have had to hunt out the large host of micro-organisms which Dr. Sternberg had described and laid aside. This careful work had practically resulted in the view that a bacteriological origin for this disease could not be claimed, and it was on a priori grounds that he himself had felt that Sanarelli's bacillus was not the cause of yellow fever. His study of others' discoveries was most careful, and most critical; it was not wasted endeavor. The problem still remains, however, what the cause is, although the method of eradication has been demonstrated in a most complete and authoritative way. He expressed the wish that Dr. Sternberg would come back to his old love, and to his test-tubes, and he welcomed him to many years of fruitful work.

Smallpox.

Indiana: Smallpox is the most prevalent malady. It was reported from 60 counties. The total number of cases reported was 692, with one death. The greatest number, 53, was reported from Knox County. In the preceding month 878 cases of smallpox were reported in 55 counties and six deaths. It appears, therefore, that cases and deaths decreased, but area of prevalence increased.

Ontario: Dr. Bryce, secretary of the Ontario Board of Health, says that the smallpox situation in the province is getting better gradually. He hopes to see the province clear of the disease in a month or two. Two or three new cases have developed in Toronto in the past two weeks.

London: The number of patients in the metropolitan hospitals, which had been 1419, 1360 and 1344 in the three preceding weeks, has further declined to 1274; 251 new cases were admitted during the week, against 248, 233 and 307 in the three preceding weeks. During the fortnight ending May 29, 580 cases were admitted as compared with 478 in the preceding two weeks; 78 died, as compared with 91, and 577 were discharged recovered, as compared with 467. During the year 1901 the rate of smallpox mortality was 16.1. The epidemic began on August 20, and therefore has now lasted nine months. It is anticipated that in the next three months it will proceed at a much slower rate. From the metropolitan area alone nearly 7500 cases have been received, giving an incidence of about 1 in every 615 of the population. Local outbreaks have from time to time occurred, but they have been stamped out by the vigilance of the health authorities. Large sums of money have been spent in providing extra accommodation which, in a few weeks, will be ample for all purposes—sufficient for 3000 or 4000 patients. At present there is accommodation for 1800. The maximum number under treatment during the present epidemic has been 1604.

CANADA.

Medical Society in Nova Scotia.—The next annual meeting of the Medical Society of Nova Scotia will be held on July 2 and 3 at New Glasgow.

Maritime Medical Association.—The next annual meeting of the Maritime Medical Association will be held at Charlottetown, P. E. I., on July 9 and 10.

Militia Medical Course.—The course of instruction for the medical officers of the Canadian militia has commenced at Ottawa. Surgeon-Major Gorrell of Ottawa is in charge.

Kingston Medical and Surgical Society.—The following have been elected officers of the Kingston Medical and Surgical Society for the ensuing year: President, Dr. W. T. Connell; vice-president, Dr. Forster; secretary, Dr. Mylks.

Resignation and New Appointment.—Dr. R. F. Ruttan has resigned the registrarship of the Medical Faculty of McGill University. He has been appointed professor of chemistry in succession to Dr. Girdwood. He has been registrar for the past eleven years.

Medical Examinations at McGill.—McGill held her closing exercises last week, a very large graduating class in medicine receiving diplomas. This year the Holmes gold medal goes to the province of New Brunswick, that honor having been won by Mr. R. McL. Van Wart, B.A., Fredericton.

Montreal General Hospital Superintendent.—Dr. E. M. Von Eberts, for some years the medical superintendent of the Montreal General Hospital, will leave that institution September 1. Dr. W. G. Turner, senior house surgeon, has been appointed his successor. Dr. Turner was graduated two years ago from McGill, and has since been connected with the hospital.

Toronto University Convocation and Alumni Meeting.—The annual commencement exercises at Toronto University were held June 13. Among those who received the honorary degree of Doctor of Laws were: President Ira Remsen of Johns Hopkins University, Dr. W. H. Drummond, the doctor-poet of Montreal, and Dr. R. A. Reeve, dean of the medical faculty. A very large class received the degree of M.B. Dr. R. A. Reeve was re-elected president of the Alumni Association.

Rockefeller Appointments.—Dr. W. M. Ford, who was appointed Rockefeller fellow of bacteriology on the foundation of that benefaction at McGill last year, has been appointed one of the investigators at the Rockefeller Institute at New York. The choice of his successor has been left to the faculty. Dr. P. G. Woolley, fellow in pathology at McGill, has been appointed bacteriologist in the United States bacteriological laboratories at Manila.

Ontario Asylum Changes.—Owing to the recent death of Dr. Reynolds, of Hamilton, Ont., Asylum, at Baltimore, several changes have been rendered necessary in the Ontario asylum service. Dr. Beemer, assistant superintendent of the asylum at London, has been appointed assistant superintendent at

Hamilton. Dr. Bell of the Toronto Asylum has been transferred to London, while Dr. J. C. Mitchell, recently elected president of the Ontario Medical Association, Enniskillen, has been appointed assistant physician at Toronto Asylum.

Staff Appointments, Royal Victoria Hospital, Montreal.—The Royal Victoria Hospital, Montreal, has made fifteen appointments to the resident medical staff for the year ending August 31, 1903, as follows: Admitting officer, Dr. A. G. McAuley; medicine, Drs. Colin K. Russell, W. W. Francis, J. R. Byers, J. C. Colby; surgery, Drs. E. Penner, E. J. Mullally, J. D. Dixon, J. L. D. Mason; ophthalmology and laryngology, Dr. Newbold C. Jones; gynecology, Dr. James R. Goodall; anesthetist, Dr. L. C. Harris; locum tenens, Drs. Herman K. Stockwell and J. A. MacNaughton; externe in medicine, Dr. F. C. L. Cantlie.

Medical Library for Halifax.—The late Dr. Charles Cogswell of London, N. S., donated $5000 to the Medical Society of Nova Scotia, the interest of which is to be applied toward a library for the profession in Nova Scotia. The Halifax Medical College has also received several donations of books and journals, and a joint committee of these two bodies is endeavoring to make arrangements by which the profession may take advantage of these donations. Halifax is to have a magnificent library building for the public through the generosity of Mr. Carnegie, and it is proposed that the medical profession take steps to secure a share of the space available for books.

FOREIGN.

New Mexican Hospital.—Seven hundred thousand dollars have been raised for the construction of the new hospital at Merida, Mexico. The grounds have been purchased and work on the institution will commence at once.

Hongkong Quarantine Raised.—The quarantine, which for about two months had been in operation at Hongkong, was raised May 1, and vessels from that port are free to enter United States ports unless sickness should develop on board during the voyage.

Deaths in the Profession Abroad.—Professor Polaillon of Paris; Professor Chartier of Nantes; A. Guarino, professor of clinical medicine at Naples, and K. von Böhm, Vienna, for years chief of the general hospital and prominent as an expert in questions of ventilation.

Congress of Medical Examiners for Insurance Companies.—It is announced that the third international congress will be held at Paris in May, 1903. Brouardel will preside, and A. Siredey has been appointed secretary general. For further particulars address the latter at rue Taitbout 180, Paris, France.

Honors to Lacordaire.—The *Gazette Méd. de Paris* observes that in doing honor to the memory of Rochambeau the people of the United States should also recall the name of Dr. Lacordaire. He was a physician who accompanied the French troops to aid us in our struggle for independence. He served as a private soldier and died in France in 1804.

Queen Wilhelmina's Physicians Honored.—Professor Roosenstein, the pathologist of Leyden University, has been promoted to the rank of Commander of the Order of the Lion of the Netherlands, and Drs. Konwer, Roessingh and Pott have been appointed knights of the same order, in recognition of their services to Queen Wilhelmina of Holland in her recent sickness.

The Approaching International Medical Congress.—Among the Germans who have promised to deliver addresses at Madrid, in 1903, are Leopold on "Treatment of Placenta Previa"; Krause on "Laryngeal Tuberculosis"; Hoffa on "Tuberculosis of the Joints"; Leyden on "Subdural Cocainization"; Ehrlich on "The Hypnotica," and Liebreich on "The Relations Between the Chemical Composition and the Physiologic Action of Drugs."

Discuss Licensing Prostitution in Sweden.—The Society of Physicians of Sweden is divided on the wisdom of the system now in use in that country of state regulation of prostitution. A request has been made by the women of the country to abolish the system. Seventy-two physicians condemn the proposal entirely; sixty, while unable to agree with the women, declare that radical reforms in vice regulation are imperative and recommend that the board of health supersede the police as regulators of vice and surround the problem with elaborate legal formalities instead of leaving it to the whims of police officials. It is also suggested that municipalities establish homes where erring girls can obtain a new start in life.

Centennial of the "Internat" in France.—The French minister of the interior at the commencement of the nineteenth century was a physician, and he founded the system of interne service in the hospitals, with competitive examinations. The centennial of this institution was celebrated at Paris, May 24, with much ceremony. The festivities lasted three days and included a banquet and a gala celebration at the Opera Comique, when a series of musical and dramatic sketches of various phases of interne life were presented, with one act from Molière's "Médecin malgrè lui." A handsome monument was dedicated to the memory of the internes who have died victims of their professional duties. Thirty-five names are inscribed on the pedestal, and the scene in relief on the monument portrays a tracheotomy on a suffocating child done by an interne and two assistants, with a Sister of Charity holding the child's head. This scene was selected, as many of the internes succumbed to diphtheria contracted during these emergency operations. The monument stands in the inner court of the Hotel Dieu.

LONDON LETTER.

Losses in the Boer War.

The War Office has issued a detailed return of the total British losses in the Boer war from the commencement, on Oct. 11, 1899, to May 31 last, the day on which peace was declared. The total casualties are 97,477, but this huge total includes over 75,000 sent home as invalids the great majority of whom have recovered. The actual reduction of the military forces through the war is 28,434, which is made up as follows: Killed in action, 5774; died of wounds, 2018; died in captivity, 102; died of disease, 13,250; accidental deaths, 798; missing and prisoners, 105; invalids sent home who have died, 508, and invalids who have left the service unfit, 5879. The total number wounded in the war is 22,829.

Reunion of Obstetricians and Gynecologists.

On the occasion of the coronation arrangements have been made for a reunion of obstetricians and gynecologists. A reception will be held at the Royal Medical and Chirurgical Society's rooms, 20 Hanover Sq., June 24, by Sir John Williams Bart., M.D., Dr. Peter Horrocks (President of the Obstetrical Society) and Dr. Halliday Croom (President of the British Gynecological Society). To this reception all medical practitioners interested in obstetrics and gynecology are invited. It is hoped that not only the obstetricians and gynecologists of London, but also those from Great Britain, the Colonies, and abroad, who may be in London at the time, will be brought together. A dinner will take place in the Whitehall Rooms, Hotel Metropole, under the chairmanship of Sir John Williams.

Ear Disease in the Children of the Poor.

The Committee of the Otological Society appointed to consider the desirability of securing for the children of the poorer classes systematic detection and treatment of ear disease, have arrived at the following conclusions: (1) There exists among the children of the poor a large amount of preventable and curable ear disease. (2) It is not sufficiently recognized that ear disease in childhood tends to considerable loss of hearing, health, and life, and militates against the child's education. (3) Ear disease in children is often not treated, partly from neglect, partly from ignorance and belief in popular fallacies, especially inability of parents and teachers to detect it. (4) Any scheme to secure children against the consequence of ear disease must provide for thorough systematic examination and treatment. (5) In consequence of the national importance of the subject we recommend that a memorial embodying this report be submitted to the President of the Committee of the Council on Education.

Why Men Become Doctors.

Many years ago, in 1869, Sir James Paget published a most interesting essay on "What Becomes of Medical Students?" He found that of 1000 students at St. Bartholomew's Hospital, 23 achieved distinguished success, 66 considerable success, 507 fair success, 124 very limited success, 56 failed entirely, 96 left the profession, 87 died within 12 years of commencing practice, and 41 died during pupilage. Dr. A. Keith, lecturer on anatomy at the London Hospital, has investigated the supplemental subject, "The motives which induce men to adopt medicine as a profession." His results are equally interesting. He finds that 100 London hospital students may be divided into seven groups, composed as follows: (1) 7 had no choice, the profession was chosen for them; (2) 30 were born in the profession and grew up in it; (3) 10 adopted it as a boyish ideal at a very early age; (4) 12 adopted it by a process of exclusion—it was the profession they had the least objection to; (5) 7 chose it because it was the nearest akin to their favorite subjects—zool-

ogy or chemistry; (6) 31 adopted it from some accidental circumstance; (7) 3 drifted into it—they could not tell why. Sir Benjamin Brodie, the eminent surgeon, belongs to the first class. More than a century ago he was sent to St. George's Hospital by his father, a vicar. His heart was in literature and philosophy, but by the application of a strong sense of duty, medical study, which at first was repulsive, because tolerable and at last fascinating. Of the 7 men in this group one became a distinguished success, one will become a distinguished success, 3 will become average successes and 2 still object to medicine and would willingly give it up. Three acquiesced passively in their father's wish, 4 objected actively; the 2 who still object belong to the latter group, but one of them, at least appears likely to do well in practice. While the second group does not show a large proportion of distinguished successes, it also shows only a small proportion of failures. If heredity played any part the largest proportion of successes and distinguished successes should be in this group. One member is the sixth of a consecutive series of medical generations, and 3 belong to a third generation. Thus there is nothing approaching in medical caste in England, and inheritance of distinguished professional ability is comparatively rare. Of the 10 in group 3, 2 are already distinguished successes, 4 are still young, but will be or are already considerable successes. The remaining 4 are or will be successes. Many men select medicine by a process of exclusion. Most of these had drifted on late at school or at the university, putting off the choice of a profession as late as possible. This list does not contain any distinguished success, but the great majority have or will enjoy more than an average amount of success. Very few are failures. As a rule they turn out first-class clinicians. As the natural sciences which form the groundwork of medicine do not offer the same certainty of a livelihood as medical practice many men with a taste for zoology or chemistry adopt medicine. Only 7 have been included in this group because in them this taste was the sole or principal factor in determining their choice, but there were quite as many in other groups with a predilection for natural science. Of these 7, 2 are distinguished successes; all the others are more than average successes—perhaps less in income and practice than in reputation. Of accidental circumstances which led men into medicine, Dr. Keith instances a love of horses, companionship and rivalry. This group, as might be expected, includes all sorts and conditions of medical men—the faddist pure and simple, the scientist, and the able surgeon, the happy-go-lucky, and the absolutely incompetent individual. It embraces the extremes—the solid successful practitioner forms a minority. The last group—of men who can not tell how or why they entered medicine—is small, but it shows the haphazard manner in which men set out on their course of life. The age at which men select medicine as a profession varies widely: 10 did so very early, at 6 or 7; 27 early, at 10 to 14; 33 about 16; 17 before 20, and 13 after 20.

Correspondence.

The Physician and Marriage.

DENVER, June 10, 1902.

To the Editor:—At a recent meeting of a medical society the subject of how physicians may aid in securing proper marriage restrictions was discussed. One physician took the ground that the matter lay in the hands of the medical profession; that if the latter would make it a point to advise their constituents, that a great deal could be accomplished. A second thought a health certificate should be required as well as a license to marry. Another physician said his experience would not bear out the statement that the family physician could be of much service to the state by gratuitous advice. He gave it as his judgment that after two young people had determined to marry it was too late for the family physician to offer any suggestion; that whatever the physician could do had to be prior to that time.

The experience of every physician will bear out the statement that it is seldom that a physician's advice is sought in such matters, and that when given it is generally not taken. The proper solution of marriage restrictions is an important question, but it is doubtful if even a certificate from the family physician would solve it. E. g. I know of a family into which a physician would not allow a child of his to marry on account of hereditary disease. Yet, if asked by an outsider he would never have said anything that would have impaired the matrimonial chances of that family because of his relation to them. My attention has recently been drawn to this question in the loss of two infants. Three years ago, M. C., a young man of high moral character, but scrofulous from childhood, married a neurasthenic girl, the latter's parents being extremely delicate. A child was born—scrawny, a very thin body, and in a month a marked case of mal-nutrition. Every care could not save it. It lacked from birth what its parents failed to give it *vis natura*. The second was that of a baby, both of whose parents were very small. Consumption was hereditary on one side and catarrh on the other. This baby was exactly like the former. Change of climate, consulting eminent physicans in the east proved of no avail; it died because it had not been well born. Yet the entire family would resent what is evident to any student of heredity—those parents should not have married each other. It might have been possible for any one of them to have married partners when the offspring would have been different. Yet the family physician knew that nothing else could be expected. An article in the *Columbus Med. Jour.*, September, 1898, says: "Heredity takes the line of least resistance." In the above cases heredity simply followed the line of least resistance. Here is a case under my own observation at present: Mr. K. is engaged to marry Miss B. K. suffers from chronic vulgaris pemphigus, family history fair. Miss B. belongs to a consumptive family. Every aunt and uncle who have reached maturity have died of consumption. K. is aware of his own condition as well as Miss B.'s family history. He might in his condition marry a strong, healthy girl, with a clear family record and marry with impunity. Scrofula would be the line of least resistance in his present marriage.

A greater interest in the problem on the part of the profession at large and more education for the laity is probably as much as can be accomplished at present until we come to marry as much for our children as for ourselves.

FRANCIS DEAN.

Outlining the Stomach.

BUFFALO, June 16, 1902.

To the Editor:—The method of outlining the stomach proposed in your issue of June 14 by Dr. Wilhelm Becker may be still further simplified. The location of the stomach in a general way, by auscultation of some noise made within it, either by blowing air through a tube, producing bubbles by introducing air from beneath the surface of water, employing a whistle, bell, electric buzzer, etc., has been practiced for years. Dr. Becker's device depends upon the general principle of visceral transonance, better known under its common subdivision of auscultatory percussion. I have occasionally been able to map out the stomach by the vibrations set up by the heart beating against the distended stomach and have sometimes taken the trouble to do so during the use of my endogastric spray, which is, for present purposes, practically identical with Dr. Becker's method.

The only objection to such a method is the unnecessary trouble involved. We may just as well set up vibrations from without as from within, as by the ordinary method of auscultatory percussion, which has been too much neglected. In cases in which the colon is so much dilated and distended as to have nearly the same vibration tone as the stomach, it may be impossible to distinguish their line of separation and the false conclusion of an enormously dilated stomach will be drawn. In such instances, I have been able to make the differentiation by inducing vibrations with a tuning fork. (See latest issue of *International Clinics.*)

A. L. BENEDICT.

Ophthalmoscope Loaned by Dr. Derby.

BALTIMORE, June 14, 1902.

To the Editor:—My attention has been called to an error in my address on the "History of the Ophthalmoscope," published in the issue of March 1, 1902. On page 551, the loan of Ruete's ophthalmoscope is incorrectly ascribed to Dr. Jeffries. Dr. Hasket Derby of Boston loaned this rare instrument and a number of others, and has since then given them to the Museum of the Surgeon General in Washington. Yours,

HARRY FRIEDENWALD.

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Married.

MAX MAILHOUSE, M.D., to Miss Celia B. Katz of Chicago, June 3.

FREDERICK MENGE, M.D., to Miss Alberta Richards, both of Chicago, June 11.

WARD E. POTTER, M.D., to Miss Ida Belle Bradley, both of Chicago, June 19.

WILLE C. KNIGHT, M.D., to Miss Mildred Read, at Newport News, Va., June 4.

LOUIS H. JONES, M.D., to Miss Emily Johnston, both of Wall Lake, Iowa, June 5.

R. J. MITCHELL, M.D., to Miss Bertha Leyhe, both of Lancaster, Mo., May 29.

EDWIN F. YANCEY, M.D., to Miss Beulah Harris, both of Sedalia, Mo., June 4.

JOHN PASCHAL, M.D., to Miss Julia Kate Tucker, both of Hurtsboro, Ala., June 5.

HENRY VON DEESTEN, M.D., to Miss Etta Lang, both of Hoboken, N. J., May 26.

JOHN M. YEAGER, M.D., to Miss Mollie May Smith, both of Marlinton, W. Va., June 4.

DAVID H. REEDER, M.D., Chicago, to Miss Maude Angela Warner, Baltimore, May 29.

ANGUS MCEACHERN, M.D., to Miss Jennie Hamilton Hislop, both of Detroit, Mich., June 4.

ADOLPH TYROLER, M.D., Williams, Ariz., to Miss Freda Barth of Albuquerque, N. M., June 2.

LISTON H. MONTGOMERY, M.D., to Mrs. Olive Branch Montgomery, both of Chicago, June 8.

W. C. TAYLOR, M.D., Branchville, Texas, to Miss Nona Gladden, at Calvert, Texas, May 18.

WILLIAM AUSTIN GOODALL, M.D., to Miss Elizabeth Anderson, both of New York City, May 11.

LOUIS J. GORDON, M.D., to Miss Mollie Smith, both of Pocahontas, Ill., at St. Louis, Mo., May 29.

A. C. VANDINE, M.D., Clendennin, W. Va., to Miss Nora Osborne, at Charleston, W. Va., June 4.

SOL. M. HARTZELL, M.D., Cleveland, Ohio, to Miss Elsa Leona Hirshberg of Youngstown, Ohio, June 3.

EDWIN A. LONG, M.D., Johnson City, Tenn., to Miss Jane Pierson Hardy of Bristol, Tenn., May 28.

FRANCIS MICHAEL O'GORMAN, M.D., to Miss Gertrude Elizabeth Hart, both of Buffalo, N. Y., June 10.

WILLIAM B. WELCH, M.D., Fayetteville, Ark., to Miss Julia Garside of Colorado Springs, Colo., June 5.

HENRY EVERETT MONROE, M.D., Oakland, Ill., to Miss Irma Enfield Tackett of Shelbyville, Ill., June 4.

MARVIN GRIMES, M.D., Hardin, Mo., to Miss Maud Andrews of Norborne, Mo., at St. Louis, Mo., May 27.

ARTHUR EDWIN BEYER, M.D., Guttenberg, Iowa, to Miss Jessie Edythe Morse of Elkader, Iowa, June 4.

GEORGE BIXFORD VAN DOREN, M.D., Watertown, N. Y., to Miss Emma Cooper of Syracuse, N. Y., June 4.

GEORGE DELAVAN UPSON, M.D., Cleveland, Ohio, to Miss Louise Catherine Tiedemann of Chicago, June 11.

HARVEY SIDNEY SMITH, M.D., East St. Louis, Ill., to Miss Lucy Maud Clanahan of Springfield, Ill., June 11.

CHARLES EDWIN BRIGGS, M.D., Calumet, Mich., to Miss Jean Hamilton McDermid, at Seaforth, Ontario, June 7.

TRAFFORD B. SALISBURY, M.D., to Miss Minnie Shreve Busbey, both of New York City, at Tucson, Ariz., June 2.

FRANCIS H. GLAZEBROOK, M.D., Morristown, N. J., to Miss Grace Eugenie Squire of Elizabeth, N. J., June 3.

EDWIN GLADMON, M.D., Southern Pines, N. C., to Miss Catherine Melden Grover of Raleigh, N. C., May 17.

EDGAR C. HUDDLESTON, M.D., Hannibal, Mo., to Miss Ella Lavoo of Carriers Mills, Ill., at Harrisburg, Ill., June 2.

JUD MITCHELL, M.D., Atchison, Kan., to Miss Beatrice Mahan, of St. Joseph, Mo., at Leavenworth, Kan., May 26.

HOWARD E. BARRETT, M.D., Mountcalm, Texas, to Miss Mattie Kirkland of Axtell, Texas, at Waco, Texas, June 4.

LEO FRANK ADT, M.D., Troy, N. Y., to Miss Edith Moore of St. Croix, Danish West Indies, at New York City, June 3.

MARION SIMS MIDDLEKAMP, M.D., Colorado Springs, Colo., to Miss Rose Koch, of Palmyra, Mo., at Colorado Springs, Colo.

ALBERT T. CHAMBERS, M.D., of the Baltimore Health Department, to Miss Marguerite E. Linthicum, of Baltimore, June 5.

JOHN ALEXANDER ARBUCKLE, M.D., Lewisburg, W. Va., to Miss Jessie Wallace Marshall of Richmond, Va., at Baltimore, June 3.

CHARLES NORTON BARNEY, M.D., First Lieutenant and Assistant Surgeon, U. S. Army, Key West Barracks, Fla., to Miss Helen Bourdel Young of Morristown, N. J., June 5.

Deaths and Obituaries.

George Worth Woods, M.D., medical director (rear admiral) U. S. Navy, retired, died at San Francisco, June 10, aged 64. Dr. Woods was well known in army and navy circles, was a frequent contributor to the literature, and was an active member of the Association of Military Surgeons of the United States. His last duty prior to his retirement was that of medical director at the U. S. Naval Hospital, Brooklyn, N. Y. In his memory one of his friends at Vallejo, Cal., says: "Beloved Dr. Woods! He whose great heart was filled with love and sympathy and human kindness, is no more, yet must the memory of his unselfish life ever be uplifting to those who knew his love or were soothed by his ministrations. Nowhere will he be more deeply mourned than in Vallejo, and the Navy Yard, although among his friends are numbered those from every clime."

Stephen Henry King, M.D. Harvard Medical School, Boston, 1872, who sailed for Europe, May 21, died in London, June 5, from pneumonia, aged 58. Dr. King has been a resident of Baltimore for several winters past, and was a well-known figure in Johns Hopkins circles. Dr. King was a native of Lowell, Mass. He practiced in Lowell, Mass., and Providence, R. I., until 1892, when he moved to Baltimore and took special courses in Johns Hopkins University.

Agnes B. Robinson-Messner, M.D. Woman's Medical College of Pennsylvania, Philadelphia, 1896, died at her home in Philadelphia, June 5. She was the daughter of the late Dr. Charles M. Robinson, of Philadelphia. On graduation she received the gold medal for the year. In 1901 she also won the John B. Deaver prize. She was assistant demonstrator of anatomy at the Woman's Medical College.

Allen Jones, M.D. Western Reserve University, Cleveland, Ohio, 1853, who had practiced in Trumbull County, Ohio, for nearly 50 years, had twice represented the county in the general assembly, and served throughout the Civil war as surgeon of the Thirteenth Ohio Volunteer Infantry, died at his home in Kinsman, June 7, after a lingering illness.

Curtis E. Munn, M.D. Harvard University Medical School, Boston, 1866, a pioneer physician of Kansas, a member of the American Medical Association, bacteriologist of the State Board of Health, lecturer on hygiene and sanitation at the State University and lecturer on bacteriology at Kansas Medical College, died at Topeka, June 7.

Gilman P. Robinson, M.D. Harvard University Medical School, Boston, 1893, lecturer on diseases of children in the Atlanta College of Physicians and Surgeons, and a specialist on that branch, died at his home in Atlanta, May 26, from tuberculosis and nephritis, after an illness of several months, aged 46.

Otis B. Freeman, M.D. Dartmouth Medical College, Hanover, N. H., 1843, who is said to have been the oldest practicing physician in America, died at his home in Freehold, N. J., June 9, after a short illness, aged 92. During the Civil war he served as surgeon on the staff of General Corcoran.

John Sell Edmund Cotman, M.R.C.P. Edinburgh, 1882; L.R.C.S. Edin. and L.M., 1880; L.S.A., 1879, a member of the common council of London, England, was found dead by the roadside at Langdon Hills, England, May 30, aged 54. His death was due to heart failure and heat exhaustion.

Samuel R. Cochrane, M.D. University of Buffalo, N. Y., 1867, surgeon of the One Hundred and First New York Volunteer Infantry in the Civil war and for more than 30 years a practitioner of Albion, N. Y., died at his office in that town, May 24, from an overdose of chloroform, aged 63.

T. Ritchie Stone, M.D. University of Vermont, Burlington, 1884, a prominent physician of Washington, D. C., and a member

of the staff of the Emergency and Columbian University hospitals, died suddenly at his home, June 1, from angina pectoris following an attack of acute indigestion, aged 45.

Joseph Scholl, M.D. University of Tuebingen, Germany, 1850, a resident of Washington, D. C., since 1861, one of the oldest members of the local medical society and one of the incorporators of the Emergency Hospital, died at his home in Washington, June 6, aged 79.

William D. Duff, M.D. Missouri Medical College, St. Louis, 1876, for 15 years a practitioner of Garden Grove, Iowa, but for the last year a resident of Blockton, Iowa, was shot and instantly killed in Garden Grove, June 7, by a farmer with whom he had had trouble.

Newton P. Holdom, M.D. Rush Medical College, Chicago, 1846, who settled in Illinois in 1836, was an Argonaut of 1849, and served as county physician of Cook County in 1876 and 1877, died at the home of his son in Detroit, Mich., June 8, aged 81.

James W. Jennings, M.D. Cincinnati College of Medicine and Surgery, 1873, who retired from practice at Millersburg, Ind., a year ago, died at the home of his daughter in Lima, Ohio, May 30, after an illness of ten months, aged 64.

Andrew T. Steele, M.D. Rush Medical College, Chicago, 1875, a member of the Aesculapian Society of the Wabash Valley, died at his home in Charleston, Ill., May 27, from paralysis, after an illness of ten months, aged 57.

John B. Wilson, M.D. Kentucky School of Medicine, Louisville, 1888, of Laramie, Wyo., a member of the American Medical Association, died at a hospital in Denver, Colo., where he had undergone an operation on the liver, May 20.

James A. Black, M.D., 1894, a practitioner of Bond County, Ill., for 35 years, assistant surgeon of the Forty-ninth Illinois Volunteer Infantry in the Civil war, died at his home in Pleasant Mound, June 1, after a short illness, aged 67.

Thomas J. Brown, M.D. Vanderbilt University, Nashville, Tenn., 1885, died at Johns Hopkins Hospital, Baltimore, May 26, aged 39. Dr. Brown had practiced in Pratt City for several years, until his health failed about a year ago.

G. F. German, M.D., a veteran of the Seminole war, an assistant surgeon in the Mexican war and a practitioner in Texas until 1884, when he moved to Ellensburg, Wash., died at his home in that place, May 23, aged 83.

John D. Hayes, M.D. Columbus (Ohio) Medical College, 1878, a member of the American Medical Association, and prominent as a physician and citizen of Somerset, Ohio, died at his home in that city, May 18, aged 49.

Hezekiah P. Meade, M.D. New York Medical College, New York City, 1853, for 45 years a practitioner of Morrisville, N. Y., died at his home in that place, May 24, from malignant disease of the throat, aged 72.

John R. MacKenzie, M.D. University of Nashville, Tenn., 1862, late mayor of Weatherford, Texas, and an ex-confederate soldier, died at his home in Weatherford, May 26, after an illness of two weeks, aged 68.

Emmons Thomas Wilcox, M.D. New York University, 1876, a well-known physician of Frankville, Iowa, died in a hospital in New York City, May 26, shortly after an operation on the kidney, aged 50.

William Craig Burke, M.D. New York University, 1844, for many years a practicing physician of New York, died at the residence of his son in Cheyenne, Wyo., May 24, after a brief illness, aged 90.

William Christie Wilson, M.D. Tulane University, New Orleans, La., 1848, died at his home in New Orleans, from paralysis, June 8, aged 78. He had practiced in New Orleans for more than fifty years.

Moses D. Schmalhorst, M.D. Beaumont Hospital Medical College, St. Louis, 1893, of St. Louis, Mo., died, June 2, from sepsis at the Rebekah Hospital, St. Louis, after an illness of several weeks, aged 35.

James Hayes, M.D. Toronto (Ont.) University, 1866, died suddenly at his home in Simcoe, Ont., May 30. He was at one time mayor of the town and was for several years chairman of the local school board.

John J. Briley, M.D. Western Pennsylvania Medical College, Pittsburg, 1896, died at his home in Lawrenceville, Pa., June 4, from typhoid fever, after an illness of two weeks, aged 28.

Andrew L. Longshore, M.D. College of Physicians and Surgeons, Baltimore, 1893, died at his home in Newberry, S. C., May 29, from typhoid fever, after an illness of three weeks, aged 33.

Gaylord Brown Miller, M.D. Berkshire Medical College, Pittsfield, Mass., 1852, died at his home in Grand Rapids, Mich., May 25, from paralysis, after an illness of three weeks, aged 71.

Benjamin A. Church, M.D. New York University, 1878, died suddenly from heart disease associated with long-standing nephritis, June 5, at his home in Oneonta, N. Y., aged 47.

William Mason, M.D., at one time dean of the faculty of medicine of Buffalo, N. Y., died at Vergennes, Vt., June 1, from general paresis, after an illness of several years, aged 64.

Stephen A. Young, M.D. Cooper Medical College, San Francisco, Cal., 1876, died at his home in Portland, Ore., May 29, from paralysis, after an illness of four years, aged 62.

Samuel C. Fitzgerald, M.D., U. S. Army, died at the United States General Hospital at Washington Barracks, D. C., June 1, from abscess of the liver, after a prolonged illness.

Andrew P. Nelson, M.D. Vanderbilt University, Nashville, Tenn., 1884, died at his home in Winchester, Tenn., May 24, from tetanus, after an illness of one week, aged 40.

Fletcher W. Brockway, M.D. University of Buffalo, N. Y., 1883, was instantly killed by being thrown from a wagon, near his home in Erin, N. Y., May 30, aged 49.

W. D. Buchanan, M.D. University of Vermont, Burlington, 1882, for many years a practitioner of Cambridge, Vt., died at his home in Jeffersonville, Vt., March 25.

Walter R. Godfrey, M.D. Rush Medical College, Chicago, 1852, a pioneer physician of La Porte County, Ind., died at La Porte, June 7, at an advanced age.

Walter S. Kearney, M.D. Leonard Medical College, Raleigh, N. C., 1891, assistant city physician of Huntington, W. Va., died at his home in that city, May 23.

O. M. Starr, M.D. Atlanta (Ga.) Medical College, 1880, died at his home in Newnan, Coweta County, Ga., May 28, from paralysis, after a short illness.

William H. Fesler, M.D. Medical College of Ohio, Cincinnati, 1900, died at his home in New Bremen, Ohio, June 5, from rheumatism of the heart.

James S. Hottel, M.D. University of Virginia, Charlottesville, 1896, died at Conicville, Shenandoah County, Va., June 3, from typhoid fever, aged 32.

William A. O'Bryan, M.D. Kentucky School of Medicine, Louisville, 1868, died at his home in Kansas City, Mo., May 28, from pneumonia, aged 59.

Samuel R. S. Smith, M.D. Jefferson Medical College, about 1850, died at his home in Ardmore, Pa., from pneumonia, after a short illness, aged 80.

A. L. Elder, M.D. Cincinnati College of Medicine and Surgery, 1875, died at his residence in Hebron, Neb., June 5, after a lingering illness.

State Boards of Registration.

The Indiana Board has notified eight persons who are practicing medicine at South Bend and New Carlisle in St. Joseph County, of their failure to comply with the law in that they have not filed their certificates with the county clerk. Five others are practicing without certificates and have been ordered to cease. The board will prosecute the violators if its instructions are not obeyed. There seems to be activity along this line in a number of states.

Milwaukee Medical College Matter.—The investigation of this college by the Wisconsin Board of Medical Examiners has been completed. The faculty were summoned before the board to defend the college against the charges, which included the following: That the college received insufficiently-prepared applicants to advanced standing, that diplomas were given to persons deficient in training, and that students were authorized to practice independently before the completion of their college course. The investigation has occupied many weeks. The charges were preferred by the Milwaukee County Medical Society. The report is as follows:

We find that the Milwaukee Medical College is a living enterprise and institution of learning which Milwaukee and the state of Wisconsin should be proud of and take pride in its welfare, if properly conducted.

Second. We find that some of the charges of irregularity that have been brought against the Milwaukee Medical College are based on facts though not necessarily committed with any intention of evading the law.

Third. We find that certain discrepancies in the manner of graduating the students from the college, brought out by the investigation, are not in themselves a sufficient evidence of a habitual and intentional disobedience of medical laws, although they are subject to criticism.

Fourth. We find further from the evidence brought out during the investigation that the charges are overdrawn and though not wholly disproven are of such a nature that some must be considered conjectural.

Fifth. We find that these charges are considered timely and justifiable in an attempt to abrogate or improve existing conditions in college.

Sixth. This board will insist in the future that those in control of the college shall strictly conform to the rules and the letter of the law.

The Oregon Board, at Portland, April 5, gave 34 applicants a written examination on 9 subjects, with 90 questions, and found 31 able to attain a grade of 75 per cent. The other 3 could not receive license to practice medicine in Oregon. The list follows:

PASSED.

Sch. of Pract.	College.	Year Grad.	Per-cent.
R.	University of Oregon	1902	83.6
R.	University of Oregon	1902	84.2
R.	University of Oregon	1902	84.9
R.	University of Oregon	1902	85.2
R.	University of Oregon	1902	85.7
R.	University of Oregon	1902	86.8
R.	University of Oregon	1902	81.3
R.	University of Oregon	1902	83.1
R.	University of Oregon	1902	86.3
R.	University of Oregon	1902	86.2
R.	University of Oregon	1902	83.8
R.	University of Oregon	1902	85.8
R.	University of Oregon	1902	80.0
R.	University of Oregon	1902	82.9
R.	Willamette University	1902	83.2
R.	Willamette University	1902	84.9
R.	Willamette University	1902	83.6
R.	Willamette University	1902	88.4
R.	Willamette University	1902	85.0
R.	University of Tennessee	1893	80.2
R.	University of Vermont	1892	81.0
R.	Northwestern University Medical Sch.	1898	78.8
R.	Medical College of Indiana	1898	80.9
R.	U. of Iowa, 1874; Jefferson Med. Coll.	1877	79.7
H.	Cleveland Homeo., 1898; Jefferson Med. Coll.	1900	92.2
H.	Univ. of Mich., Homeo. Med. Coll.	1901	80.3

FAILED.

R.	Gross Medical College	1889	38.8
R.	Undergraduate		17.3
H.	Chicago Homeo. Medical College	1895	67.2

Idaho Practice Law Constitutional.—Dr. I. F. Inman of Lewiston, who had been refused a license by the Idaho State Board of Medical Examiners on the presentation of a diploma from the notorious Chicago fraud, the Independent Medical College, was arrested for practicing medicine without a license and convicted. He sought release from the sheriff's custody by a writ of habeas corpus from the District Court. This was refused and he tried the Supreme Court and was again refused. The decision is at length, and affirms the validity of the medical practice law of Idaho. Extracts are as follows: We find nothing in this act which attempts to deprive anyone of a vested right. It is true that persons who are actually engaged in the practice of medicine or surgery under the laws of 1887, and persons who had acquired a license from the board, under the defunct act of 1897, are not required to undergo an examination before the board of examiners under the act in question; and it is also true that such persons are only required to pay to the board a fee of $5, while all other persons, required to take an examination, are required to pay a fee of $25. These provisions are not, in our opinion, open to the objection of "class legislation," or "special immunities." The act makes certain evidence prima facie sufficient to admit the applicant to license and to continue the practice of medicine and surgery, or either, without examination. This provision, and the provision requiring that the fee of $5 should be paid applies to all persons who stand in the same position, that is, those who under the act need not take the examination. It is not an unreasonable requirement, nor class legislation, to require that those applicants who do not possess the prima facie evidence required by the statute to entitle them to license without examination, to pay to the board of examiners a fee of $25. It is argued on behalf of the petitioner, too, that no one, under the provisions of the act in question, can take the examination and acquire license who is not a graduate of a reputable college of medicine in good standing; and that the board is made the judge of what is a reputable school of medicine, and therefore vested with judicial power, in contravention of the provisions of our constitution. We think that the provisions complained of are reasonable and the proper exercise of the police power of the state. Similar legislative acts have so often been held to be a proper exercise of the police power of the state as to make citation of authority upon that question almost unnecessary. It has often been held that it is competent for the legislature to provide for a board who shall pass upon the competency of applicants to practice medicine and surgery. The vesting of such power in the board does not grant to it such judicial power as renders the act objectionable under the provisions of Section 2 of Article V of our constitution. A careful perusal of the act in question, and of all its parts, shows a carefully guarded intent on the part of the framers of the act, and on the part of the legislature in enacting it, to protect the health and lives of the inhabitants of the state; to prevent incompetent persons from practicing medicine and surgery; and at the same time, to work no injustice upon the part of applicants for license, recognizing the rights of the old practitioners, under the act of 1887, who were not graduates of any medical school, recognizing the rights of those who, under said act, had diplomas from medical schools, and who were actually engaged in the practice of medicine at the time of the passage of the act in question; and by providing in express terms for a review, by the courts, of the action of the State Medical Board in all cases in which they should refuse an applicant a license. Under the provisions of said act, all applicants must be persons of good moral character, free from criminal practices, and that they should not be convicted criminals; a wise, humane, proper and legitimate exercise of the police power of the state.

The Missouri Board, on April 2, at Kansas City, and on April 15 and May 8 at St. Louis, examined 221 applicants for license, of whom 118 passed 75 per cent. and 103 failed. The non-graduates numbered 97, of whom 24 passed and 73 failed. We tabulate the graduates below:

PASSED.

Candidate.	Sch. of Pract.	College.	Per-cent.
50	R.	Marion-Sims-Beaumont Medical College	84
54	R.	Marion-Sims-Beaumont Medical College	80
55	R.	Marion-Sims-Beaumont Medical College	75
59	R.	Marion-Sims-Beaumont Medical College	75
64	R.	Marion-Sims-Beaumont Medical College	83
73	R.	Marion-Sims-Beaumont Medical College	75
76	R.	Marion-Sims-Beaumont Medical College	83
77	R.	Marion-Sims-Beaumont Medical College	80
78	R.	Marion-Sims-Beaumont Medical College	82
79	R.	Marion-Sims-Beaumont Medical College	81
80	R.	Marion-Sims-Beaumont Medical College	85
81	R.	Marion-Sims-Beaumont Medical College	84
82	R.	Marion-Sims-Beaumont Medical College	80
83	R.	Marion-Sims-Beaumont Medical College	83
95	R.	Marion-Sims-Beaumont Medical College	83
227	R.	Marion-Sims-Beaumont Medical College	87
46	R.	Marion-Sims-Beaumont Medical College	82
47	R.	Marion-Sims-Beaumont Medical College	76
48	R.	Marion-Sims-Beaumont Medical College	83
162	R.	Marion-Sims-Beaumont Medical College	77
166	R.	Marion-Sims-Beaumont Medical College	83
171	R.	Marion-Sims-Beaumont Medical College	76
57	R.	Washington University, St. Louis	76
58	R.	Washington University, St. Louis	82
84	R.	Washington University, St. Louis	78
85	R.	Washington University, St. Louis	81
144	R.	Washington University, St. Louis	75
203	R.	Washington University, St. Louis	75
97	R.	Missouri Medical College (now Wash. Univ.)	82
56	H.	Hahnemann Medical College, Chicago	81
251	H.	Hahnemann Medical College, Chicago	85
184	H.	Hahnemann Medical College, Chicago	83
68	R.	Barnes Medical College, St. Louis	77
69	R.	Barnes Medical College, St. Louis	76
111	R.	Barnes Medical College, St. Louis	81
122	R.	Barnes Medical College, St. Louis	78
136	R.	Barnes Medical College, St. Louis	78
139	R.	Barnes Medical College, St. Louis	76
141	R.	Barnes Medical College, St. Louis	80
142	R.	Barnes Medical College, St. Louis	79
152	R.	Barnes Medical College, St. Louis	80
155	R.	Barnes Medical College, St. Louis	81
167	R.	Barnes Medical College, St. Louis	82
168	R.	Barnes Medical College, St. Louis	80
178	R.	Barnes Medical College, St. Louis	82
185	R.	Barnes Medical College, St. Louis	76
208	R.	Barnes Medical College, St. Louis	83
207	R.	Barnes Medical College, St. Louis	87
65	R.	Ensworth Medical College, St. Joseph	75
218	R.	Ensworth Medical College, St. Joseph	76
66	R.	Kansas City Medical College	75
67	R.	Kansas City Medical College	75
215	R.	Kansas City Medical College	75
220	R.	Kansas City Medical College	80
221	R.	Kansas City Medical College	76
234	R.	Kansas City Medical College	80
235	R.	Kansas City Medical College	70
243	R.	Kansas City Medical College	78
245	R.	Kansas City Medical College	83
70	R.	Keokuk (Iowa) Medical College	79
86	R.	St. Louis College of Physicians and Surgeons	75
88	R.	St. Louis College of Physicians and Surgeons	82
229	R.	St. Louis College of Physicians and Surgeons	79
247	R.	St. Louis College of Physicians and Surgeons	77
204	R.	St. Louis College of Physicians and Surgeons	83
132	R.	St. Louis College of Physicians and Surgeons	76
163	R.	St. Louis College of Physicians and Surgeons	78
173	R.	St. Louis College of Physicians and Surgeons	77
189	R.	St. Louis College of Physicians and Surgeons	80

Candidate.	Sch. of Pract.	PASSED. College.	Per cent.
190	R.	St. Louis College of Physicians and Surgeons.	79
87	R.	Central Medical College, St. Joseph	75
217	R.	Central Medical College, St. Joseph	80
96	H.	Kansas City Homeopathic Medical College	80
213	R.	University of Michigan	83
216	R.	University Medical College of Kansas City	78
219	R.	University Medical College of Kansas City	85
223	R.	University Medical College of Kansas City	80
253	R.	University Medical College of Kansas City	81
225	R.	Medico-Chirurgical College, Kansas City	80
232	R.	Medico-Chirurgical College, Kansas City	77
233	R.	Medico-Chirurgical College, Kansas City	80
237	R.	Medico-Chirurgical College, Kansas City	79
226	R.	Meharry Medical College, Nashville, Tenn	85
228	R.	Woman's Medical College, Chicago	83
231	R.	Rush Medical College	75
244	R.	Rush Medical College	82
240	E.	American Medical College, St. Louis	79
241	R.	Columbia University	80
246	?	St. Louis Medical College*	81
252	R.	University of Kansas	86
42	E.	California Medical College	76
130	R.	Royal College of Physicians and Surgeons	82
140	R.	University of Georgia	77
150	R.	University of Pennsylvania	76
186	E.	Lincoln Medical College	78
		FAILED.	
52	R.	Marion-Sims-Beaumont Medical College	70
90	R.	Barnes Med. Coll., and Coll. P. & S., St. Louis	66
102	R.	Barnes Medical College, St. Louis	65
109	R.	Barnes Medical College, St. Louis	71
153	R.	Barnes Medical College, St. Louis	65
164	R.	Barnes Medical College, St. Louis	70
169	R.	Barnes Medical College, St. Louis	65
208	R.	Barnes Medical College, St. Louis	70
209	R.	Barnes Medical College, St. Louis	71
212	R.	Ensworth Medical College, St. Joseph	65
71	R.	Keokuk (Iowa) Medical College	70
72	R.	Keokuk (Iowa) Medical College	64
100	R.	St. Louis College of Physicians and Surgeons.	73
101	R.	St. Louis College of Physicians and Surgeons.	70
259	R.	St. Louis College of Physicians and Surgeons.	68
105	R.	St. Louis College of Physicians and Surgeons.	67
107	R.	St. Louis College of Physicians and Surgeons.	71
112	R.	St. Louis College of Physicians and Surgeons.	50
172	R.	St. Louis College of Physicians and Surgeons.	70
179	R.	St. Louis College of Physicians and Surgeons.	71
188	R.	St. Louis College of Physicians and Surgeons.	60
224	R.	Central Medical College, St. Joseph	73
211	H.	Kansas City Homeopathic Medical College	60
255	R.	University Medical College of Kansas City	65
258	R.	University Medical College of Kansas City	65
242	R.	College of Physicians and Surgeons, New York	71
205	H.	Homeopathic Medical College, St. Louis	60
191	R.	Washington University†	

* Report failed to state which one is meant.
† Percentage not given.

Book Notices.

THE SYSTEM OF PHYSIOLOGIC THERAPEUTICS. A Series of Eleven Volumes. Vol. I.—Electrotherapy—Apparatus and Method of Handling. Edited by George W. Jacoby, M.D., New York. Pp. 242. 163 Illustrations. Vol. II.—Electrotherapeutics. Edited by George W. Jacoby, M.D. Pp. 323. 217 Illustrations. Vol. III.—Climatology and Health Resorts. Edited by F. Parkes Weber, A.M., M.D., F.R.C.P. (London), and Guy Hinsdale, A.M., M.D., Philadelphia. Colored Maps. Pp. 336. Vol. IV.—Health Resorts. Edited by F. Parkes Weber, A.M., M.D., and Guy Hinsdale, A.M., M.D. Pp. 420. Vol. VI.—Dieto-therapy and Dietetics. Edited by N. S. Davis, Jr., A.M., M.D. Pp. 420. Cloth. Price, $22.00 net. Under the General Editorial Charge of S. Solis-Cohen, A.M., M.D. Philadelphia: P. Blakiston's Son & Co.

The forementioned volumes being those of the eleven which have been issued, are unique in their method of presenting the different subjects. The first and second volumes deal with the physics and therapeutics of the different forms of current and with electro-diagnosis. The second volume, thoroughly illustrated, contains interesting articles from such experienced men as Drs. Da Costa, Jackson, Scheppegrell, Martin and Ohmann-Dumesnil. The third and fourth volumes are devoted to climatology and health resorts. The first part of Vol. III treats of the factors of climate, and the second part describes health resorts and mineral springs and in this connection discusses the climatic treatment of various diseases. Volume IV also contains a special article on the Hawaiian Islands by Dr. Titus Munson Coan of New York. Volume VI, which should be in the hands of every general practitioner, is devoted to alimentary therapeutics and dietetics. This volume certainly fills a vacancy in the field of therapeutics. The various diseases are taken up in their order, and the articles of diet best suited for the patient in the different stages of the disease, are mentioned. This volume also contains tables of dietary and relative values of foods.

MENTAL GROWTH AND CONTROL. By Nathan Oppenheim, M.D. Cloth. Pp. 295. Price, $1.00. New York: The Macmillan Co. 1902.

This is a little work on what might be called practical psychology, teaching young men and women how to educate their mental faculties, and, so far as we can see, the work is one than can be endorsed—with possibly one exception. The author's recommendations in regard to religious matters might be open to the same objection of insincerity which he makes himself. The average sincere religionist would not accept his idea that there is little difference between one religion and another, the whole thing being simply what he calls being religious, though there is a good deal of psychologic truth in the statement that if we cultivate all the emotions, and live the life of a believer, actual belief will come, as was pointed out long ago by Pascal and many others. Still one should have convictions, and they are really the things that make any religion respectable, though they need not be incompatible with tolerance. Aside from this possible criticism we can see nothing in the book which ought not to be endorsed, and we can cordially recommend it to the average young man and woman.

THE DIAGNOSIS OF SURGICAL DISEASES. By Dr. E. Albert, Late Director and Professor of the First Surgical Clinic at the University of Vienna. Authorized Translation from the Eighth Enlarged and Revised Edition, by Robert T. Frank, A.M., M.D., with 53 Illustrations. Cloth. Pp. 419. Price, $5.00. New York: D. Appleton & Co. 1902.

As the translator says, works on surgical diagnosis are comparatively few in the reach of American readers, hence he has rendered a service in translating this eighth enlarged and revised edition of Albert's work. The publishers have brought out the volume in excellent shape, and we believe it will be considered a valuable contribution to our medical literature.

Miscellany.

Longevity and the Physician.—The mortuary statistics of life insurance companies place physicians low on the list as regards longevity. There are perhaps many reasons why this should be so, since the arduous nature of his calling is generally acknowledged. Beside the physical work and under many circumstances this is excessive, there is a burden of responsibility and a wear and tear on the sensibilities that undoubtedly tends in certain susceptible organizations to an early break-down and, unfortunately, in not a few instances leads its votaries to resort to stimulants or narcotics. In men who have passed the meridian of life, the irregularities and harassments of a general practice, added to the unnatural stimulus of sharp competition (for many middle-aged physicians are as jealous of their clientele as though they were beginners), must necessarily do something to shorten the latter years of life, as they certainly destroy its comforts and leisure. Still, the medical profession has had and has now, many conspicuous examples of longevity, which will readily occur to the reader. It would seem that foreign medical men more frequently reach the age limit than do Americans, which only indicates that we suffer from the prevailing national vice of leading too strenuous an existence. The oldest practicing physician in the United States is said to be Dr. O. R. Skinner, of Freehold, N. J., who is in his 93d year. He was a surgeon in the Civil war. He is kept busy with his professional duties and answers promptly all calls. His long life is probably due in part to the fact that most of it was passed prior to the general use of the telephone.—*Carolina Med. Jour.*

The Effects of Alcoholic Stimulants.—Kidney and liver diseases, with their consequent heart failure and arterial degeneration, are so common that it behooves the physician to carefully inquire into the habits of patients and of those examined for insurance. An applicant will always minimize the amount of alcohol consumed, says the *Medical Examiner and Practitioner*. The steady drinker is a more dangerous life risk than the occasional one who gets drunk. The constant presence in the blood of the deleterious products produced by alcohol will ultimately lead to degenerative changes in the vascular apparatus, and connective changes are sure to follow. Examiners can, by tact, frequently arrive at a proper judgment of the habits of an applicant, and at the time of the examination observe the force and volume of the pulse. They can also ascertain its tension, and thus be able to judge of the condition of the arterial changes. Then, again, by carefully examining the heart sounds, as to regularity, rhythm, accentuation and rapid-

ity, they can form a fair idea as to its condition. By carefully mapping out the cardiac area they can gather whether or not it is enlarged, and if so, the direction in which the enlargement extends. By carefully comparing this data with the habits of the applicant, often a judgment can be reached which will enable the examiner to say whether or not any cardiac changes have taken place. One of the most dangerous cardiac changes, which is sometimes present but often overlooked by the hurried and careless examiner, is a fatty degenerated heart with dilatation. This condition is sometimes present in those individuals who combine over-indulgence in alcoholic stimulants with extreme physical exertion; the athletic heart of the middle-aged person. These are dangerous cases for the life insurance company.

Early Medicine in Maryland, 1636-1671.—Light has been thrown upon this period by Dr. Walter R. Steiner, in a recent paper read before the Johns Hopkins Historical Club. There is no reference to priest physicians, so numerous in New England. Medicine was learned in apprenticeships of three to seven years. Doctors were styled "physicians and chirurgeons." Some are spoken of as "barber chirurgeons." One, George Binx by name, is entitled "Licentiate in Physicke." Eight served as "burgesses" in the Assembly. Among these, Dr. Thomas Gerard, who came over in 1638, was most prominent. He was elected to it in 1639, and served almost continuously until named as one of the Council in 1643. In 1640 he was made Lord of St. Clement's Manor in St. Mary's county, where he presided over a sort of independent ("leet and baron") court. He was a devout catholic and incurred the displeasure of the protestants by interfering with their worship. The Assembly was held at his house for some weeks in 1660. At first he was true to Lord Baltimore, but later fell away and was found guilty of treason, although subsequently pardoned. On one occasion, when on trial for certain alleged misconduct, a witness testified that he "had drunk something extraordinary, but was not so much in drinke but he could gett out of a cart's way." He probably early gave up practice to devote himself to his public duties. He was a man of wealth and was always assessed more than any other doctor. His name appears frequently in the court records as suing and being sued or as acting as juryman, administrator or attorney.

Another physician prominent in public life was Dr. Luke Barber, who was mediator between the Royalists and Puritans and was taken prisoner at the battle of Providence (Annapolis) March 23, 1655. Lord Baltimore granted him 1,000 acres at Porttobacco on acount of his services. He was also Lieutenant-Governor and member of the Governor's Council.

Richard Purlivant, assemblyman, received land "for having transported himself at his own charge into the Province" and "having practiced his art to the benefit of the inhabitants of our Isle of Kent." John Robinson, assemblyman, was apprehended for debt. Alexander Pulton, or Putton, assemblyman, in 1642, received 150 pounds of tobacco "as surgeon's pay in the late expedition." Suits were frequent in those days for tobacco and corn due for medical and surgical attendance and physic. "Breathing a vein" was an item in the bills. There is a record of a suit brought by Peter Sharp against Peter Godson, both physicians. This Peter Godson and his wife seemed to be continually in hot water.

Although there were no women doctors then, one woman, Katherine Hebden, wife of Thomas Hebden, a practitioner of medicine, gave physic to Richard Lawrence and was paid there for 1,900 pounds of tobacco by the sheriff by order of the court. It is recorded also that she "did chirurgery upon the legg of John Greenwell, the man servant of Edw. Hall."

Among drugs used was "Mithradate," a panacea, which recalls the famous antidote of King Mithridates.

Jacob Lumbrozo, a Jewish physician from Lisbon, Portugal, arrived in Maryland in 1656 and settled in Charles county, where he enjoyed a lucrative practice. About two years later he was accused of blasphemy, but escaped trial through the general amnesty granted at the succession of Richard Cromwell. He died in 1666.

Witchcraft obtained but slight hold in the province, but one execution taking place in 1684.

Obstetrics was in the hands of midwives, several of whom are mentioned by name.

Juries of women were impaneled from time to time to report on the condition of members of their sex suspected to be pregnant or to have destroyed their infants. Such are recorded in 1656 and 1657.

Inquests were held early and the causes of death diligently searched into. On Jan. 31, 1637, twelve planters held inquest on a man killed by the fall of a tree, their verdict being that the tree should be forfeited to the Lord Proprietor. On March 23 and 24, of the same year, inquests are held on the bodies of two men drowned. Again in 1642 there is an inquest on an infant, and in 1643 a very striking one, signed by George Binx, foreman, in which a very complete examination was made of the abdomen of an Indian who had been shot. The George Binx, Licentiate of Physicke," mentioned above. In 1657 two surgeons, Mr. Richard Maddokes and Mr. Emperor Smith, performed an autopsy upon the body of a man killed by his master, and received a hogshead of tobacco, to be divided equally between them. In 1648 an autopsy was made on a man who was "found dead upon the sands of Poynt Looke out in St. Michael's Manor," with evidences of foul play. On July 20, 1670, John Stansley and John Peerce, chirurgeons, were ordered to view the head of Benjamin Price, and "certify what their opinions are touching the death of the said Price," who was thought to have been killed by the Indians. By an act of the Assembly of 1671 the coroner's fee for an autopsy was fixed at 250 pounds of tobacco.

The above records seem to show that the early Maryland doctors were men well abreast of their times and who served well their day and generation. Dr. Steiner's paper, which is based upon the Maryland archives (published recently by the state), will appear in full in the *Johns Hopkins Bulletin*. It is one of the most important contributions to the medical history of the state.

Association News.

AMERICAN MEDICAL ASSOCIATION.

Fifty-third Annual Meeting, held at Saratoga Springs, N. Y., June 10-13, 1902.

GENERAL MEETING.

Official Minutes.

TUESDAY, JUNE 10—FIRST GENERAL MEETING.

The Association met in Convention Hall, and was called to order at 11:15 a. m., by the President, Dr. John A. Wyeth of New York.

Prayer was offered by Rev. T. F. Chambers of Saratoga Springs, after which Dr. George F. Comstock of Saratoga Springs was introduced and read his report as Chairman of the Local Committee of Arrangements.

Report of the Committee of Arrangements.

Mr. President, Ladies and Gentlemen and Members of the American Medical Association: The Committee of Arrangements acknowledges the honor that was conferred on this village in its selection as the place of meeting for this annual session of the American Medical Association, and greets you with a program of entertainment that we hope will be carried out to your satisfaction.

Knowing fully that the material resources to be found in a large city, such as where the meetings have usually been held, were not to be had in a small community like Saratoga Springs, it was a satisfaction to know that the invitation was in a large measure considered as from the New York State Medical Association, and it is with great pleasure that we acknowledge the helpful support of the officers and members of that affiliated body, in the discharge of the duties that were placed upon us as a committee.

In some respects, the committee has found its problems made less difficult than those that might arise in other places, and in particular, that "magnificent distances" do not separate the places of meeting.

It is with regret, however, that just at the time of meeting, some places that had been secured for section meetings ceased to be available, and hence a few changes were necessitated. This was the case in the Section on Physiology and Pathology, which has been changed from the Grand Union Club room to a room accessory to the Congress Hall ballroom, and the Section on Stomatology, from G. A. R. Hall to the Grand Union Club room (upstairs). The pocket-card directory found

in your envelopes was issued before these changes were made, but a revised edition has been printed on pink paper, and that should be regarded as official, although, after the printing of this second card, only yesterday, fire rendered further changes necessary, and the House of Delegates is moved to a room upstairs in the Town Hall, known as the Hibernian Room, and the gynecologic loses its proximity to the Surgical Section, in being necessarily moved to the Town Hall Auditorium.

The visiting ladies are invited to meet the local ladies' committee at an informal reception in the parlors of the United States Hotel, this afternoon, at 4 o'clock, when acquaintances may be made and information imparted.

The program for entertainment is as follows:

On Tuesday evening, at 8:30, there will be a piazza concert at the United States Hotel, at which will be given both vocal and instrumental selections.

On Wednesday, at 9:30 a. m., there will be an instrumental concert in Congress Spring Park, and at 1:30 p. m. there will begin a carriage drive around the village for the visiting ladies, starting from the United States Hotel and including a visit to "Yaddo," from 5 to 7 p. m., on the invitation of Mr. and Mrs. Spencer Trask. In this invitation to "Yaddo" the physicians are specially included. It is feared that a sufficient number of vehicles is not available to carry them as well as the ladies, but as it is not a long walk out Union Avenue, one of the pleasantest streets of the village, it is hoped that many of the gentlemen will go for the exercise, and the pleasure of a visit to this beautiful home.

On Wednesday evening, at 9 o'clock, the management of the United States Hotel will give a reception and ball in honor of the Association.

On Thursday an excursion to and through Lake George will leave on the Delaware & Hudson railroad at 8:30 a. m., returning in ample time for dinner.

The final entertainment will be the reception given by the New York State Medical Association to the President of the American Medical Association in the United States Hotel at 9 p. m., Thursday.

With the exception of the visit to "Yaddo," the reception and ball by the United States Hotel, and the reception to the President, these entertainments are for the visiting ladies only.

The committee wishes earnestly to impress on the members and the visiting ladies the importance of wearing the badges that have been provided, particularly in connection with these entertainments.

The arrangements and places for the Section dinners will be announced at the Section meetings this afternoon.

The Transportation Committee will be found, during business hours, at 361 Broadway, under the American-Adelphi Hotel, where arrangements for return tickets are to be made.

Dr. H. L. E. Johnson, of the District of Columbia, presents this flag to the American Medical Association and begs that they accept it. The Board of Trustees recommend that it be adopted by the Association as their colors and that it fly at all meetings of the Association.

Elaborate preparations have been made for a Canadian and New England excursion, which will leave Friday morning at 8:30, going through Lake George or, if preferred, at 10 a. m., connecting at Fort Ticonderoga, omitting the excursion through Lake George.

If the party is sufficiently large it would be feasible to have it divided, one-half leaving on Friday morning and the other half on Saturday morning and joining at Montreal. A large number have already registered for this excursion, and a most enjoyable trip is anticipated by the promoters of the same. All those desiring to indulge in this most delightful trip through Canada and New England should register with the chairman of the Transportation Committee at the Adirondack Spring Parlor before 8:30 a. m. Thursday.

Presentation of Flag.

Dr. H. L. E. Johnson, of Washington, D.C., presented a large and beautiful banner to the Association.

The President, on behalf of the Association, said he felt empowered to express to Dr. Johnson the thanks of the members for the donation of this flag, and expressed the hope that it would be the flag of the Association for many, many years to come.

President Wyeth then introduced the Hon. S. F. Nixon, Speaker of the New York State Assembly, as "the friend of organized and scientific medicine in the Empire State; a man who has never turned his back upon any measure we have brought before the legislature." [Applause.]

Mr. Nixon was warmly received. He delivered the following address of welcome.

Address of Welcome.

Mr. President, Ladies and Gentlemen: I am never introduced to an assemblage, the majority of whom reside outside of the limits of the State of New York, as the presiding officer of the lower body of the Legislature but there comes to my mind a little incident which occurred in the city of Washington during the time when the Hon. Thomas B. Reed was Speaker of the House of Representatives, and during those times when speakers not only at Washington, but in some of the civil divisions of the United States were subjected to criticism, so I feel, as a matter of fairness to myself, that I am entitled to relate it.

A father sat with his little son in the gallery of the House of Representatives, and during the time of a heated debate the little fellow leaned over the gallery side and said to his father: "Papa, who are those gentlemen that I see down on the floor below?" And he said: "My son, those are the speakers of the House of Representatives." And still he looked at them for a moment or so, and finally observing a stolid gentleman who sat on the rostrum, he said: "Papa, who is that gentleman sitting on the rostrum with a gavel in his hand?" He said: "My son, he *is* the House of Representatives." [Laughter.]

After some of the things with which the delegates from this state are familiar as having occurred at Albany during years past, I desire to say I accept only individual responsibility rather than responsibility for all of the members of the Legislature. [Laughter.]

I assure you I appreciate the honor done me, when my friend, Dr. Ferguson, was deputized to invite me to welcome this great assemblage on behalf of the State of New York, and I promise you, on behalf of this commonwealth, that no matter where your convention may be held, whether in the East, in the West, in the North or in the South, you will not meet with a higher degree of appreciation than by the people of this state. [Applause.] It occurred to me that there might be a tinge of professional courtesy in connection with that invitation. The analogy came to my mind that the Legislature occupies the same position towards the body politic that the physician does toward the body physical. True it is, you elect yourselves and are subjected only to the will of Providence, while we are elected annually or biennially and are subjected to the will of the people. You never make a mistake in diagnosing a case; but if we make a mistake and diagnose some public demand contrary to the judgment and desires of the divisions which we represent, we are retired to the political convalescent ward, and from that ward many states will never return. [Laughter and applause.]

It is unnecessary for me to state that the State of New York is glad to have your convention within its borders. We are glad to have you conduct your deliberations here, because we believe your convention here will be productive of possibly more good than in any other locality in the United States.

New York has always been in favor of the elevation of the standard of education. We are in absolute sympathy with the principles upon which and for which your Association was organized. I believe it was in a New York State medical convention in 1844 or 1846 that the idea of a National Association first had its inception. [Applause.] You are organized for the better education of medical students, not alone from the standpoint of medicine, but you are organized for the purpose of having them acquire a better preliminary education. Your Association was organized at a time when those colleges which would give degrees for the least expenditure of time and money were receiving the patronage of all classes of students who were endeavoring to acquire a professional education, and it is due to your Association, which I believe became permanent in 1847, that this standard has been elevated, and that you have to-day placed the medical colleges of the United States upon a plane equal, if not superior, to those of the old world. [Applause.] I believe that without any criticism or egotism I can say that the State of New York is and has been foremost in educational work of any state in the Union, and we are endeavoring from a legislative standpoint, with the hearty co-operation of the several divisions of this state, to have our standard of education as near ideal as possible. New York State, early in her history, established a common school system, which has become the fundamental basis of the educational system of all our states. We established first free public libraries, we built and maintained the first normal school for the training of teachers, and teachers trained in our normal schools can be found throughout the length and breadth of the civilized world. We established the first system for the supervision of schools; in fact, inso-

far as educational matters are concerned, New York State has always forged to the front and has always endeavored to reach as near the goal of perfection as possible. New York State has always endeavored to increase the standard of the preliminary education of medical students, and to-day seventy-nine of the eighty medical colleges of the United States accept a medical student from New York State who has a certificate for admission at its full faced value. While it is impossible to prescribe any well-regulated rules for admission to the medical profession, owing to the varied conditions of population, of general development and of education, yet, it seems to me, it would seem that instead of having one standard for each of our states, we might have several standards that would answer for all. It would seem that similarity of conditions in various states can be so grouped that there would be only a small number of standards instead of, I believe, forty-five for admission to the practice of medicine. [Applause.] While I appreciate it is not within the province of the state to interfere with the well-regulated springs of the profession, yet it occurs to me that one of the principal and most important functions is to place the standard of requirement, so far as our professions are concerned, absolutely the highest. [Applause.] We are called upon to regulate many matters by legal enactment.

You will recall that in Biblical history it is said of one of the ancient kings, I believe Asa, when he was sick betook himself unto the Lord and not unto his physician, and he rests with his fathers. [Laughter.] I understand that there are those within recent times who have followed the example of Asa, and rumor states to me with the same result. [Laughter.]

The nineteenth century represents practically the climax of achievement. Within each decade inventions and developments have come to us which, when considered individually, are marvelous from a mechanical and commercial standpoint. The material condition of things has been absolutely changed. The locomotive and the steamboat were the forerunners of business advancement; the telephone and the telegraph were found necessary for the transaction of the large volumes of business which we to-day enjoy. But the advancement in the mechanical world does not mark any greater strides of development than those which have come to us within the same length from the medical world. [Applause.] What steam and electricity have done for commercial development, the discovery of anesthetics and antiseptics has done for the medical world, and the grand achievements of this profession during the past fifty years have been fully abreast and in keeping with the advancement of all material things. The opportunity for advancement in the medical world has been due very largely to the munificent gifts of some of our men of wealth, who, following the example of John Harvard, have endowed medical colleges and hospitals throughout the United States [applause] until, I understand, to-day the opportunity for a finished medical education is equally as good in the United States as it is in the old world.

When we come to consider the conditions of to-day as compared with those of the early days, it seems almost like a marvel. When we come to consider the improvements which have come to us, during the past fifty years, we wonder what is in store for the genius of the twentieth century. You will recall, possibly, a little incident that was directed to my attention a short time ago. A student in a medical college in connection with Bowdoin University went into the anatomical laboratory one day and met one of the professors. He was studying anatomy, and he desired to impress upon the mind of his preceptor his desire to become extremely advanced, and so he said to the professor: "Is there not some new book upon anatomy that we have not got in our library?" And the old gentleman turned to him and said: "Young man, I don't know of a single new bone in the human body that has been discovered during the past ten years." [Laughter.]

There is no doubt but that some of the opportunities which existed in the early days of the nineteenth century exist to-day in the advancement of science. We as a nation to-day occupy a proud position, and have ever occupied such a position from the day of our inception. We have accomplished during the past six or seven years such brilliant achievements that we are the wonder and admiration of the civilized world. [Applause.]

I remember hearing a toast which was offered some time ago by an American who sat at a table in London with some of his English friends, and the first suggestion was from an Englishman, who said: "I desire to propose a toast to that country upon which the sun never sets." An American resident said: "I desire to propose a toast to that nation which is bounded on the north by British America, on the south by the Gulf of Mexico, on the east by the Atlantic, and on the west by the Pacific ocean." And then another Englishman, a little more enthusiastic than the former, said: "I desire to propose a toast to that nation whose campfires, when lighted at night, are the beacon lights through the length and breadth of the civilized world." Another American said: "I desire to propose a toast to that country which is bounded on the north by the north pole, on the south by the south pole, on the east by the rising and on the west by the setting sun." [Applause.] Finally, a little fellow who had not entered very much into the spirit of the affair, said: "While I agree with all of the suggestions made by my American friends, I desire to propose a toast to that nation which is bounded on the north by the aurora borealis, bounded on the south by the position of the equinox, bounded on the east by primeval chaos, and bounded on the west by the day of judgment." [Laughter and applause.]

With this expanse of territory which has come to us, with the accumulated advantages of the past century, what will it not be possible for American pluck and American genius to accomplish?

I appreciate that I am encroaching somewhat upon the time of my friend who sits behind me. I wish that I might give to you a welcome upon the part of the state that you can construe as literally as you can his welcome to this beautiful village of Saratoga. I can only give that which I have, and I simply represent a very small part of the state. But the terms Brackett and Saratoga for a number of years have been synonymous, and I wish to say to you confidentially, that the good things which he offers to you you can take absolutely literally, because they're his.

I desire, again, on behalf of the people of this great commonwealth, to welcome this Association to the State of New York, and I trust that the few days you will remain with us may be fraught with both pleasure and profit. [Applause.]

The President then introduced Senator Edgar T. Brackett, of Saratoga, who delivered an address of welcome on behalf of the citizens of Saratoga Springs.

Address of Welcome by Senator Brackett.

Mr. President and Members of the American Medical Association: You have been welcomed to New York State by the distinguished speaker of our State Assembly. It is my pleasing duty to welcome you to a more circumscribed locality, the village of Saratoga Springs. When I was selected to welcome this body on behalf of the village of Saratoga Springs, I gave earnest thought to the matter, and I say to you in confidence that I recognized the faces of many of you whose acquaintance I made in the city of Albany. I say to you in confidence, which I hope you wont repeat, that the only reason which has occurred to me in considering your invitation is that I was selected last winter after having been buncoed by the Osteopath bill. [Laughter.]

Saratoga Springs is the greatest health-giving resort on the continent, and I extend to you the warmest reception as the healers of this western hemisphere. If I were disposed to stand here and advertise Saratoga and its products I could give a multitude of reasons why you should meet here. But becoming modesty forbids me to say more than that you have chosen this place for your meeting in the month of June, which is a compliment. It is a place which, for more than a hundred years, has been the resort of the health-seeker and of the recreation seeker. It is known that the original inhabitants came here recognizing that it was a place where they could cure their ills. You will find here mineral springs such as do not exist elsewhere on the globe. We have saline springs, alkaline springs, iron springs, sulphur springs, etc., and our water is good for any condition of the stomach, the bowels or kidneys. [Laughter.]

Such a place as this cannot fail to be interesting to the physician, and such it has always been, and it is to this place to which I am deputed to welcome you, which I do most heartily.

Measuring the life of your profession it is but a short period from the time of Valentine Mott to the year 1902, and yet in the thirty-seven years that have passed since Mott joined the silent majority greater results from the standpoint of a layman and one outside of the profession have been accomplished than were brought about in the twenty-two hundred and fifty odd years previous, dating from Hippocrates. If the question was asked a student in what age he would prefer to have lived, I can see embarrassment on his part in the answer. One would say in the age that saw Washington and the birth of the Republic. Another would say the age that gave us Lincoln and the new birth of freedom; a third would find his choice in the age of McKinley for its magnificent strides of progress. [Applause.] If the question was asked of a member

of my own profession I can readily see there would be reasons for diverse conclusions, and one might say in the age of the great Mansfield, who developed the commercial law of England, which remains to-day practically the same as when it left his formative hand. Another would find his choice perhaps in the age when John Marshall reigned in our Supreme Court; still another would find a choice in the age of Everett and Carpenter, and each would have reason for his choice. But I cannot imagine, Mr. President, a question put to a member of the medical profession which would permit of any other answer than that it is a joy to live in the age that saw Lister and Pasteur, and the later work of our own great Marion Sims. [Applause.] When history shall come to record her impartial account of the doings of your profession, as she writes of Harvey, there will be put beside his name, "Well Done." As she recounts the doings and achievements of Jenner, she will add "with praise." When she comes to put on the page an account of anesthesia and the painlessness of operations she will add the words, "Cum Magna Laude," which are dear to every scholar's heart.

It was the opinion of some one—I can not give his name, but I think it was a German scientist—who said that disease was created virtually for the purpose of giving the physician training and development, and that it was the duty of us weak mortals to suffer in order that your profession might attain its ripest fruit. Mr. President, I can not agree with the ultimate conclusion of that learned member of your profession.

I cannot refrain from saying, in closing this address of welcome, that the world recognizes the high character of your work; it recognizes your achievements, and you have the thanks and gratitude of the sick world. [Applause.]

President's Address.

At this juncture Dr. Alonzo Garcelon of Maine, the first vice-president, took the chair, and President Wyeth delivered his address.

Oration on Surgery.

Tuesday evening, at 7:30 p. m., Dr. Harry M. Sherman of California was introduced and delivered the Oration on Surgery.

(General Meetings continued on page 1662.)

PROCEEDINGS OF THE HOUSE OF DELEGATES.

TUESDAY, JUNE 10—FIRST SESSION.

The House of Delegates convened in the Children's Dining Room of the United States Hotel, and was called to order by the President, Dr. John A. Wyeth, of New York, at 3 p. m.

The Secretary called the roll of registered delegates, 92 being present.

Business Committee Appointed.

The President suggested, for the purpose of more perfect organization, and in order that business might be transacted promptly and expeditiously, the appointment of a committee to which resolutions on new business could be referred, and then subsequently reported back to the House of Delegates by this committee for final disposition.

Dr. J. N. MacCormack, Kentucky, accordingly offered a resolution, which, after being discussed by Drs. Reed, Moyer, Ferguson, Bishop and McMurtry, was amended by Drs. Moyer and Bishop, and the resolution as amended and adopted is as follows:

Resolved, That a Business Committee be appointed, consisting of five members, who shall be in continuous session in the House of Delegates during its sessions, and to whom shall be referred all resolutions, after being read, on new business. The Business Committee shall report, with recommendations, as soon as practicable, on all resolutions so referred, and may be discharged from the consideration of any resolution by a majority vote of the House of Delegates. This committee shall be asked, if they wish, to make a report before a motion to adjourn is put.

The President appointed as a business committee Drs. J. N. MacCormack, chairman, Kentucky; P. Maxwell Foshay, Ohio; Harold N. Moyer, Section on Nervous and Mental Diseases; E. D. Ferguson, New York; and T. J. Murray, Montana.

The President then delivered a brief address. Among other things, he spoke of the critical period through which the Association is now passing because of the change of organization, and of the fact that after fifty-three years of trial the original plan had not secured that concert of action in the entire profession which had been hoped for. As a result there had been accepted one year ago the plan of the Committee on Organization, and the testing of it by experience at the present meeting. Forbearance and charity are therefore required of all toward those who differ, in order to bring about the union desired by all. He advised the appointment of a Committee on Sections and Section Work, composed of members of the House who have had experience as chairmen of Sections, the chief duty of such committeemen being to advise or aid the inexperienced chairmen-elect of each Section in the organization of that Section, the arrangement of the material, program, etc.

The need of interstate comity, or reciprocity, he said, requires the attention of the delegates, and the plan of Dr. W. L. Rodman was spoken of as "worthy of careful consideration."

As to the management of the annual meetings, and the payment of expenses, it was recommended that the House of Delegates, with the Secretary acting as its agent, hereafter assume the responsibility and management of the annual meetings.

The retention of the national committee of three on medical legislation was advised as a part of the Committee on Medical Legislation.

The establishing of a Department of Public Health at Washington was held to be one of the duties incumbent upon the Association, and the necessity of the continuance of the Committee on National Legislation was emphasized, as well as our common duty to impress on the community in which we reside the necessity for and the safety of the immunizing process of vaccination.

The appointment of an officer who shall act as a national organizer of the profession was earnestly recommended, one who, specially fitted for such work, would add largely to the membership of the Association by visiting those states or territories where, as yet, medical organization and society work are practically neglected.

On motion of Dr. H. Bert Ellis, California, the address was referred to the Business Committee.

The Secretary presented his report.

Report of the Secretary.

To the House of Delegates of the American Medical Association—GENTLEMEN:

STATE SOCIETIES AND REORGANIZATION.

Agreeable to instructions contained in a resolution adopted at the last meeting of this Association, I have been in correspondence, during the past year, with the officers and members of each of the state and territorial societies in affiliation with this Association, in regard to a uniform and more systematic organization of the profession of the whole country.

In my correspondence, I dwelt on the necessity of the changes recommended by the American Medical Association and asked each society to take up the matter at its next meeting. Almost without exception, the state and territorial societies, through their officers, have shown not only a willingness but an earnest desire to co-operate with the American Medical Association in this work of reorganization.

As correspondence progressed it soon became evident that the various state societies, or the committees representing them, while anxious to conform to the recommendations of the American Medical Association, were at a loss to know how to arrange their constitution and by-laws so as to incorporate the principles recommended, and many of the members of these committees wrote me asking if the American Medical Association could not suggest a form that could be adopted by all state societies that desired to do so.

On investigating the matter, I found that the Committee on Reorganization, in its report at St. Paul, recommended that a small committee be appointed to co-operate with the state societies in this work, and that, while this recommendation had been adopted, no action had been taken on this point specifically, and no committee appointed. I, therefore, called Dr. Wyeth's attention to this matter, and he appointed as the committee to formulate a constitution and by-laws for state societies the original Committee on Reorganization, viz., Dr. J. N. McCormack, Dr. P. Maxwell Foshay and Dr. George H. Simmons. This committee will, I presume, report to you direct.

Several of the state societies have adopted this constitution and by laws, some with slight modification and others exactly as submitted by the committee, except verbal changes. Among these are Kentucky, Missouri, Ohio and Tennessee. California has adopted the general principles, as well as much of the wording of our Constitution and By-Laws; Illinois adopted a new constitution and by-laws prepared by its own committee. This adopts nearly all of the principles recommended by the American Medical Association. But few of the state societies appointed committees last year so they were not able to take final action in changing their constitution and by-laws. All

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of the states thus far heard from have appointed committees on organization so that we may expect next year to see most of the state societies falling in line.

This work of organization, permit me to say, is only just begun, and it devolves upon this Association to keep up its work of stimulating the state societies so that these bodies may stimulate organization in the counties. It is only through a centralized effort that the work can be accomplished. The beginning thus far made, and the unanimity with which all the state and territorial bodies agree to co-operate should stimulate the American Medical Association to every effort possible, so that the much-desired organization of the profession of the whole country may be accomplished within a very short time.

MEMBERS IN THE AMERICAN MEDICAL ASSOCIATION NOT MEMBERS OF AFFILIATED SOCIETIES.

On March 8, the Secretary of the New York State Medical Association forwarded a list of 161 names of members of the American Medical Association residing in New York who were not members of the New York State Medical Association or any of its branches, and asked that these be dropped from the roll of members of the American Medical Association. I declined to take this action, because I could find nothing in the Constitution and By-Laws authorizing me to do so. While it is plain that such membership as that referred to is not possible if the By-Laws are enforced, there is nothing to indicate who shall take action, and I so informed the officers of the New York State Medical Association.

I would call attention to the necessity of a modification of the By-Laws, specifically stating what shall be done in such cases, and who shall do it. This can probably be done by resolution. The By-Laws do not state who shall take action, whether it shall be the President, the Treasurer, the Secretary or the Judicial Council.

In this connection I beg to call attention to the fact that there are many men holding membership in the American Medical Association in practically every state and territory who are not entitled to membership even under the old Constitution and By-Laws. These became members while eligible, but have lost their membership in the society through which they obtained their membership, either by change of location, by expulsion or suspension, by the society becoming defunct or in other ways. Whatever the cause there has been no way of keeping in touch with such matters in the past, since there has been no close relationship between this Association and its subordinate branches and no attempt to report to the higher body on the part of the lower. In the future, when we become organized according to the proposed plan, it is presumed that a systematic method of reporting by the county society to the state society, and by the state society to this Association will be adopted and carried out. The present conditions are certainly not satisfactory. We have had on our books as members until quite recently, and probably have yet, men who are the veriest quacks and the most notorious advertisers in the country. This has occurred from the fact that it is impossible to keep in touch with each individual member unless it is done systematically by such reporting as it is hoped will soon be adopted.

VERIFICATION OF MEMBERSHIP QUALIFICATION.

On my suggestion, the President, last February, authorized me to proceed to verify the membership list by sending to each member a blank on which he should give all necessary information in regard to his membership and other biographical information. The former was put in the form of questions to elicit the following points: When the member joined the Association; through what society; if there is a county society in his own county, and if so, if he belongs to it: and also if he belongs to his state society. The biographical information asked for, while it has no relation to membership, we thought would be advisable to obtain at this time as a basis for a biographical list of members in the future. For various reasons it has been impossible to make much more than a beginning in this work. We have covered only seven states, viz., Alabama, Arkansas, Arizona, California, Colorado, Connecticut and New York (the blanks received from New York shows only 104 not eligible) with the following results: Alabama—Blanks sent, 86; returned, 73; not returned, 13; eligible, 71; not eligible, 2. Arkansas—Blanks sent, 108; returned, 94; not returned, 14; eligible, 88; not eligible, 6. Arizona—Blanks sent, 18; returned, 12; not returned, 6; eligible, 8; not eligible, 4. California—Blanks sent, 366; returned, 289; not returned, 77; eligible, 268; not eligible, 19. Colorado—Blanks sent, 283; returned, 224; not returned, 59; eligible, 201; not eligible, 23. Connecticut—Blanks sent, 149; returned, 121; not returned, 28; eligible, 121. New York—Blanks sent, 744; returned, 611; not returned, 133; eligible, 507; not eligible, 104. This makes a total from the seven states of 158 not eligible to membership. The total number of those not responding, even after a second request, is 330, and it is fair to presume that these have not responded, in many instances at least, because such response would show them to be ineligible to membership.

The total number of members in these states, Jan. 1, 1902, was 1726, showing that over 9 per cent. are not eligible to membership. The same percentage covering the whole country would show that there are over 1000 members in the American Medical Association who are not eligible to membership, if the Constitution and By-Laws are strictly enforced, but this will probably be below rather than above the real number.

ENFORCEMENT OF LAW NECESSARY TO SUCCESSFUL ORGANIZATION.

With the knowledge obtained from the study of the question during the past three years, and from the correspondence, I do not believe that we should allow matters to go on in the future as we have done in the past. There should be a rigid enforcement of the Constitution and By-Laws in every instance, for only in this way can we have an organized profession. By dropping certain ones under the rules, we may lose temporarily, but I believe that we will gain many more than we will lose. This assertion is based on individual cases that have come to my knowledge. Nevertheless, I can not but believe that we should act in a conservative manner toward those who are now in the Association and who are not eligible to this membership. We find that there are men who have been members of the Association for 25 years, and more, but who for some reason have no society affiliation, and yet stand well in the profession and in the community in which they live. It seems to me that it would be very much better to notify all such that their membership must terminate in a definite length of time, say six months, or at the outside one year, provided they do not affiliate themselves with a recognized branch of this Association. This would be very much better than to drop their names without any ceremony and without giving them a chance to rehabilitate themselves. I think the vast majority of these men will gladly conform to the Constitution and By-Laws if they are given time and are courteously requested to do so.

THE PRESENT REQUIREMENTS NOT NEW.

There seems to be prevailing a feeling that the By-Laws in the new Constitution requiring members to hold membership in their local society is new. To show that this is not so, and that Section 3 of Chapter I is merely restating what has always been regarded as fundamental, I quote from Article I of the Constitution printed in 1891:

"No individual who shall be under sentence of expulsion or suspension from any state or local medical society of which he may have been a member, or whose name shall have been, for non-payment of dues, dropped from the rolls of the same, shall be received as a delegate to this Association, or be allowed any privilege of a member, until he shall have been relieved from the said sentence or disability by such state or local society, or shall have paid up all arrears of membership; nor shall any person not a member and supporter of a local medical society, where such one exists, be eligible to membership in the American Medical Association."

Article XIV, p. 17, of the same Constitution says: "That the Permanent Secretary may be enabled to erase from the roll the names of those who have forfeited their membership, the Secretaries are, by special resolution, requested to send to him, annually, a corrected list of the membership of their respective societies." This was adopted so that those who were not members of affiliated societies might be dropped from membership in this Association.

Bearing on the same subject I quote from the Transactions of the American Medical Association, Vol. XXX, p. 57, 1879, the following decision by the Judicial Council: "A gentleman who is not in affiliation with a county, district or state medical society, where such organizations exist, is not entitled to be registered as a permanent member upon the claim of having been a delegate from a body not now entitled to representation in this body."

ABSTRACTS WITH TITLES.

The official program this year contains 390 titles, 132 of which have no accompanying abstract. (35 men have 2 papers, 1 has 3 papers, and 1 has 4 papers.) Section 5 of Chapter IX is definite in regard to this matter, and the attention of the Section officers was called to it. If it is your desire that this By-Law be enforced, I suggest that a resolution

be adopted covering the matter, and if the Secretary is to enforce it, the resolution should so state. (It is my opinion that the minimum number of words in these abstracts should be 25 and the maximum 150, not 50 and 200 as at present.)

Considering the fact that the Section officers, with only an occasional exception, are new each year and unacquainted with the work or rules governing the Section, I would suggest that the Secretary be authorized to send a circular each year to the Section officers, calling attention definitely to all the rules and by-laws relating to their duties. I have done this for the past two years, but only in a vague and general way, as I did not feel authorized to do more than this.

I would also suggest that printed slips be furnished Section officers, to be sent to all whose names are to appear on the program, these slips to contain the rules governing titles, abstracts, time at which these shall be in, rights of publication, etc., so that authors, too, may know what is expected of them. Most of the difficulties connected with the Section programs come from the fact that too often neither the Section officers nor the authors of papers know what is expected of them. If those who desire to read papers before the Sections are definitely and early informed that under no circumstances can their titles appear on the program unless they are members of the Association, and unless their titles, together with a brief abstract of the paper, are in the hands of the Section officers thirty days before the meeting, etc., there will be no difficulty.

A resolution has been adopted by the Association on two occasions, limiting the number of papers in a Section to 35, but this is not a part of the By-Laws. If it is your desire that this rule shall be adopted for the future, and enforced, a resolution or an amendment to the By-Laws should be adopted, and this be incorporated in the instructions to Section officers.

ASSOCIATE MEMBERS.

The new Constitution wisely provides that "Representative teachers and students of allied sciences not physicians" may become associate members, the idea being to have such men as physiologists, pharmacists, etc., take part in some of the Sections. According to the Constitution, however, these must be elected by the House of Delegates. Would it not be better to have them become associate members in the same manner as members by invitation? Under the present circumstances, the names of these men appear on the program before they are elected.

THE DENTISTS.

I wish to call attention to the fact that we have a Section on Stomatology and that we have dentists as members and that dentists often make application for membership and yet the Constitution and By-Laws make no provision for such members. The only reference made to dentists in the old Constitution is in Article 3, under "Delegates," where it says that delegates shall receive their appointment by their respective state societies, etc., and "from oral and dental societies in good standing." At the Chicago meeting of the Association in 1887, the following resolution was adopted:

"*Resolved*, That the regular graduates of such dental and oral schools and colleges as require of their students a standard of preliminary or general education, and a term of professional study equal to the best class of medical colleges of this country, and embrace in this curriculum all the fundamental branches of medicine; differing chiefly by substituting practical and clinical instruction in dental and oral medicine and surgery, in place of practical and clinical instruction in general medicine and surgery, be recognized as members of the regular profession of medicine, and eligible to membership in this Association on the same conditions and subject to the same regulations as other members."

At the present time we have no method of admitting dentists, and I would suggest that this matter be considered.

(Signed.) GEORGE H. SIMMONS, M.D., Secretary.

On motion of Dr. Daniel R. Brower, Illinois, the report was referred to the Business Committee.

Dr. H. Bert Ellis moved that the Secretary be instructed to communicate with the different Sections, informing them that their banquets must not conflict in time with the meeting of the general session this evening, the Address on Surgery being at 7:30 p. m. Seconded.

After some discussion, the motion was put and declared lost.

Report of Board of Trustees.

The joint report of the Board of Trustees and the Treasurer for the fiscal year, Jan. 1 to Dec. 31, 1901, was presented by Dr. T. J. Happel, president of the board, as follows:

To the Officers, Members, and House of Delegates of the American Medical Association:

Your Board of Trustees, in compliance with the requirements of our constitution and by-laws, would submit the following annual report to you, and ask that you examine carefully, criticise, commend, condemn or suggest as your judgment may direct. Under the plan of reorganization, you have more time for the consideration of the business matters of the Association, and hence we ask your closest scrutiny of the work of the year. We do not claim to be infallible, and would be glad to have any suggestions presented that you may, as an advisory body, see fit to offer. The report as presented includes the business done in both the Treasurer's and THE JOURNAL office. The by-laws require your Treasurer to make his report to the Board, and the Board to the House of Delegates. While this is the case, we have in this report endeavored to so arrange the items as to show the two sections of the report separately.

Instead of the usual debit and credit exhibits showing the cash receipts and disbursements for the year, we present you the report of the auditors employed to examine the books and accounts, vouchers, etc., of both THE JOURNAL and the Treasurer's offices.

Submitted in this form you have the entire business of the whole year before you; Exhibit A dealing with THE JOURNAL affairs; Exhibit B with the Treasurer's receipts and disbursements; and Exhibit C being in brief a statement of the condition of your affairs Dec. 31, 1901.

We submit, first, the auditors' report:

CHICAGO, Feb. 7, 1902.

To the Board of Trustees, American Medical Association, Chicago.

GENTLEMEN:

We beg to report result of audits of the accounts of your Association; the accounts of George H. Simmons, manager of your publication, THE JOURNAL, and of your Treasurer, Dr. H. P. Newman, for the fiscal year ending Dec. 31, 1901.

We have followed the same line of examination as in our previous audit, and find the accounts correct, in good condition and transactions intelligently explained.

We notice that the circulation of your publication has increased from 17,446 to 22,049, and that the cost of publishing has decreased from $5.18 to $4.81 per year, which is certainly very gratifying.

We have prepared a schedule of members of your Association who are delinquent for the years 1899 and 1900 and find that 167 have not paid for the year 1899 and 459 for the year 1900. This list is at your disposal or will be retained by us until the next annual audit, when the same will be verified with amounts received from such delinquents during the year and for the addition of those who may be found at that time delinquent for the year 1901.

We attach herewith balance sheet for the fiscal year of THE JOURNAL office, see Exhibit A; statement of receipts and disbursements of your Treasurer, see Exhibit B; and statement of the conditions of your business, Dec. 31, 1901, see Exhibit C.

Congratulating you upon the very good showing for the year and the evidences of prosperity exhibited, we are,

Very truly yours,

HAWLEY, JONES & CO.

(See Exhibit A, on next page.)

Report of the Treasurer.

To the Officers, Members and House of Delegates of the American Medical Association:

The growth of the Association, which it is our common privilege to serve, is markedly shown in the report which I have to offer of the receipts and disbursements of the moneys in my charge, the addition of new members and the financial standing of the Association.

In the eight years of my tenure of office I have had to report nothing but continuous growth and prosperity. Each year has shown a longer list of new members, proportionately a shorter list of delinquents and greater promptness on the part of the

EXHIBIT A.—BALANCE SHEET, JOURNAL OFFICE, FOR THE YEAR ENDING DEC. 31, 1901.

1901.	Miscellaneous—Paper.		Loss and Gain.		Capital Account.		Assets.	Liabilities.
Jan. 1—Inventory	$250.00							
Purchases	2,838.81							
Dec. 31—Inventory		$290.00					$290.00	
Loss and gain		2,798.81	$2,798.81					
	$3,088.81	$3,088.81						
1901. Journal Paper Stock								
Jan. 1—Inventory	468.83							
Purchases	30,146.17							
Dec. 31—Inventory		780.00					780.00	
Loss and gain		29,835.00	29,835.00					
	$30,615.00	$30,615.00						
Ink			1,753.31				37.50	
Editorials, news and reporting			5,762.09					
Electros			926.94					
Second-class postage			7,591.37					
Salaries and pay-roll			40,416.01					
Rent			1,500.00					
Electric power			891.61					
General expense			2,822.41					
Binding			298.61					
Bindery supplies			94.78					
Machinery supplies			858.82					
Traveling expenses			182.98					
Depreciation, type			199.41				797.65	
Depreciation, metals			161.22				644.88	
Advertising commission			247.60					
Subscription commission			5,537.15					
Postage stamps			3,138.92					
Collection and exchange			567.99					
Depreciation, machinery			1,863.01				16,808.25	
Depreciation, press room furniture and fixtures			7.30				799.35	
Depreciation, office furniture and fixtures			78.39				1,426.00	
Advertising				$62,233.36				
Subscriptions				33,793.45				
Reprints				1,250.36				
Buttons				149.86			264.00	
Sales				1,455.40				
Jobbing				5,224.25				
Discount			1,566.05	1,104.53				
Binders				74.65				
Advertising transportation			383.88					
Office jobbing			560.10					
Loss and gain, bad debts			2,936.91					
Exchange			164.29					
H. P. NEWMAN, TREASURER.								
Requisitions		$9,000.00						
Account	$997.37							
Membership commission	197.20							
Transfers	7,463.00							
Balance	342.43			342.43				
	$9,000.00	$9,000.00						
Balance to capital account				7,516.77	$7,516.77			
			$113,145.06	$113,145.06				
1901. CAPITAL ACCOUNT.								
Jan. 1—Balance						$34,947.07		
H. P. Newman, Treasurer, linotype machine						3,100.00		
H. P. Newman, Treasurer, press and motors						568.50		
Dec. 31—Balance					31,098.80			$31,098.80
					$38,615.57	$38,615.57		
Cash							522.11	
Reprint ledger							749.75	
Bills receivable							1,042.52	
Accounts receivable, sundry							990.14	
Accounts receivable, advertising	$33,948.90							
Less unearned, advertising	24,776.51						9,172.39	
Accounts payable								3,123.49
Accounts payable, Section reprints								102.25
							$34,324.54	$34,324.54

members in meeting their financial obligations. The summing up of the work for the year is therefore an agreeable task and carries but one regret, that the execution of the duties of this office has in a few instances given rise to slight misunderstanding by reason of the enforcement of the requirements incident to the changing of the fiscal year from June to January. Also there does not seem to be a clear interpretation of the rules governing the discontinuance of memberships for cause, whether such unpleasant task devolves upon your secretary and treasurer or upon the local organization which stands or has once stood sponsor for such membership. It would seem eminently fitting that this entire matter be recommended to the House of Delegates for definite and final action.

The following comparisons will perhaps call more particular attention to the satisfactory figures in our detailed report:

The entire membership fees for 1900 were $46,700; for 1901, $51,555, a net gain of $4855. Dec. 31, 1900, we had 9841 members, and in December, 1901, there were 11,121, a gain of 1280.

In January, 1896, the receipts were $1600; in the same month in 1897, $4080; in 1898, $4895; in 1899, $8745; in 1900, $10,215; in 1901, $13,750, and in 1902, $17,625.

Up to June 1 of the present year we have collected in fees $31,566, of which $4640 is from the new members, as we have enrolled 928 since January 1.

EXHIBIT B.

Annual report of the Treasurer of the American Medical Association for the fiscal year commencing January 1, 1901, and ending December 31, 1901:

H. P. Newman, M.D., in account with the American Medical Association, Dr.:

RECEIPTS.

1901.		
Jan. 1—Balance on hand	$15,512.23	
June—Registration fees St. Paul meeting	5,050.00	
Dec. 31—Interest on government and city bonds	860.00	
Dec. 31—Membership fees for the year (not including registration fees at St. Paul meeting)	46,505.00	$67,927.23

ASSETS, JANUARY 1, 1902.

U. S. Government Bonds (face value)	$10,000.00
Chicago City School Bonds (face value)	14,000.00
Cash on hand (including balance in National Bank of Illinois)	30,760.48
	$54,760.48

DISBURSEMENTS.

1901.		
Feb. 21—Auditing accounts, Journal and Treasurer's office		$200.00
March 1—Trustees' expenses attending annual meeting at Chicago		710.38
March 1—Contribution to expenses of National Committee to International Medical Congress		50.00
March 1—Safety deposit box and bank services as trustee of bonds		20.00
March 1—Chicago City School Bonds (including interest and premium)		15,168.13
May 6—Press, five motors and balance on linotype machine for Journal		3,118.50
June 7—Expenses, Trustees and officers at St. Paul meeting		1,794.48
June 7—Incidental expenses of President's office for the year		111.48
June 7—Expense of Committee on National Legislation		371.13
June 7—Expense of Transportation Committee		56.91
June 7—Expense of Board of Trustees, Secretary's office		50.00
June 7—Expense of Local Registration Committee at St. Paul		331.50
June 7—Stenographic reports of proceedings at St. Paul meeting		1,523.62
June 7—Expense of Reorganization Committee		400.00
June 7—Sundries and supplies for Treasurer's office		71.33
July 1—Membership dues refunded		55.00
July 1—Express charges on programs to St. Paul meeting		17.60
July 3—Journal subscriptions taken at St. Paul meeting		595.00
July 6—Premium on Treasurer's bond		100.00
July 22—Expenses of Pathological Exhibit at St. Paul		594.87
Aug. 19—Engraving stationery for officers of Association for the year		240.00
Sept. 13—Delegates' and members' certificates for 1901 and 1902		219.95
Nov. 6—Collection charges on bank drafts		50.90
Dec. 31—Postage for Treasurer's office for the year		560.00
Dec. 31—Journal requisitions for the year		9,000.00
Dec. 31—Treasurer's honorarium for the year		1,000.00
Dec. 31—Card index and cabinet for Treasurer's office		35.97
Dec. 31—Salary of clerk in Treasurer's office for the year		720.00
Dec. 31—Cash on hand (including balance in National Bank of Illinois)		30,760.48
Total		$67,927.23

Audited and found correct.

American Medical Association comparative statement for the years 1900 and 1901:

December 31, 1900, number of members		9,841	
December 31, 1901, number of members		11,121	1280
Dec. 31, 1900—New members during the year	1,544		
New members at Atlantic City	372	1,916	
Dec. 31, 1901—New members during the year	1,722		
New members at St. Paul	232	1,954	38
Dec. 31, 1900—Number of discontinuances during the year	520		
Dec. 31, 1901—Number of discontinuances during the year	674		154
			Restored to June 4.
Number of three-year delinquents Jan. 1, 1901	196		
Number of three-year delinquents Jan. 1, 1902	169		70
			Since paid.
Number of two-year delinquents Jan. 1, 1901	275		
Number of two-year delinquents Jan. 1, 1902	322		85
Number of one-year delinquents Jan. 1, 1901	1,212		
Number of one-year delinquents Jan. 1, 1902	1,293		655
Dec. 31, 1900—Membership fees paid during the year	$46,700		
Dec. 31, 1901—Membership fees paid during the year	51,555		$4,855
Cash collected during January, 1901	$13,750		
Cash collected during January, 1902	17,625		$3,875
Cash on hand June 1, 1902 (including $1,902.39 in National Bank of Illinois)			$12,568.16

ASSETS JUNE 1, 1902.

U. S. Government Bonds (face value)	$10,000.00
Chicago City School Bonds (face value)	14,000.00
Cash on hand (including balance in National Bank of Illinois)	12,568.16
	$36,568.16
Real estate (purchase price)	$42,500.00
New members this year to June 1	928

Comparative statement for the years from 1895-1901 (inclusive):

1895—Membership fees for the year	$18,760	
Registration fees at Baltimore meeting	4,610	$23,370
1896—Membership fees for the year	$23,130	
Registration fees at Atlanta meeting	2,945	$26,075
1897—Membership fees for the year	$24,620	
Registration fees at Philadelphia meeting	7,580	$32,200
1898—Membership fees for the year	$28,945	
Registration fees at Denver meeting	4,815	$33,760
1899—Membership fees for the year	$32,840	
Registration fees at Columbus meeting	6,125	$38,965
1900—Membership fees for the year	$40,550	
Registration fees at Atlantic City meeting	6,150	$46,700
1901—Membership fees for the year	$46,505	
Registration fees at St. Paul meeting	5,050	$51,555

Respectfully submitted,
H. P. NEWMAN, Treasurer.

EXHIBIT C.

STATEMENT OF CONDITION, DEC. 31, 1901.

ASSETS.

Treasurer, cash	$30,760.48	
U. S. Bonds, par value, $10,000.00	10,812.50	
Chicago City School Bonds, par value, $14,000.00	15,168.13	$56,741.11
JOURNAL cash	522.11	
JOURNAL type	797.65	
JOURNAL machinery and plant	16,808.25	
JOURNAL press room, furniture and fixtures	799.35	
JOURNAL office, furniture and fixtures	1,426.00	
JOURNAL metal	644.88	
JOURNAL bills receivable	1,042.52	
JOURNAL accounts receivable, reprints	749.75	
JOURNAL accounts receivable, advertising	10,162.53	
JOURNAL paper stock inventory	1,070.00	
JOURNAL buttons, inventory	264.00	
JOURNAL ink inventory	37.50	34,324.54
		$91,065.65

LIABILITIES.

Accounts payable	$3,225.74
Net worth	$87,839.91
Net worth, 1900	61,821.80
Increase during year 1901	$26,018.11

ANALYSIS FOR 1901.

Income from all sources	$157,645.86
Less membership commission	197.20
	$157,448.66
Less transfers	7,463.00
	$149,985.66

EXPENSES.

JOURNAL		$113,740.06
JOURNAL gain		$36,245.60
Treasurer and Association expenses	$9,230.12	
Treasurer and JOURNAL account	997.37	10,227.49
Net gain for year		$26,018.11

INVESTMENTS.

The investment referred to in our last annual report of a sufficient amount of money which, when added to the $10,000 in government bonds already owned by the Association, would make about $25,000, which was approved by the Association, was made by the purchase of fourteen (14) Chicago City school bonds of a par value of $1000 each, which cost, including premium and interest, $15,168.13. This gave us an interest-bearing investment of $24,000, which yielded us an income of 3½ per cent., bringing in $860 in 1901.

The manner in which these moneys was used does not properly belong in this report, which includes the fiscal year of 1901, beginning Jan. 1, 1901, and ending Dec. 31, 1901, but reference will be made to this matter as an addendum to this report.

PLANT.

Our report shows an addition to the plant of one press, five (5) motors, and one linotype machine, costing $3118.50. This, added to the $9648.25 paid out in 1900 and $2700 in 1899, makes a total for new machinery of $15,456.75 paid out in the past three years.

The inventory of the machinery, made by our expert accountants, foots up only $16,808.25. You can then see that no over-valuation is placed on anything, as we now have on hand, in addition to what we have purchased in the last two years, nearly every piece of machinery contained in the inventory presented at Atlantic City.

PRESS ROOM AND OFFICE FURNITURE AND FIXTURES.

Additions have been made to both these departments amounting together to $355.99, and a card index cabinet has been placed in the Treasurer's office. Many more conveniences have been needed, but the want of floor space has prevented the addition of many things necessary and essential to the economical management and running of the plant.

During the whole year the work in the mechanical department of THE JOURNAL has been much hampered by this lack of floor space. This was one of the most serious questions confronting your Board of Trustees at their last annual meet-

ing in Chicago. The lease on the floor occupied by us was soon to expire, and we were met with a demand for about double the rent we were then paying, and the further knowledge that we would have to secure more floor space than we then had. The floor space was so contracted that it was not possible to keep on hand more than one week's supply of paper. The increased business of THE JOURNAL was such as to require another press and automatic feeder and folder with no floor space on which to advantageously arrange for them. In addition to the press mentioned, or in the place of it, your Board acted favorably upon the request of the Editor for the purchase of a double flat-bed perfecting press, to be bought as soon as a place could be gotten in which this press could be located. When these purchases are made, and the plant properly installed, you will be able to boast of an up-to-date printing establishment.

ADVERTISING DEPARTMENT.

To the ordinary JOURNAL reader, it would appear to be an easy matter to lay down an inflexible rule by which the advertising department of any publication should be governed—that this should be like the laws of the Medes and Persians—but when brought face to face with many propositions, it is found to be a very difficult matter to decide what to do in each individual case. The Trustees are endeavoring to eliminate from the pages of THE JOURNAL all advertising that could be considered objectionable from an ethical standpoint.

Some money has been lost to THE JOURNAL by the enforcement of the rule given above, but advertisements of a better class take the place of every one that drops out. We feel that we are making steady improvement along these lines.

COMPARATIVE STATEMENT OF TREASURER'S RECEIPTS.

	1900.	1901.	1902.
January	$10,215.00	$13,750.00	$17,625.00
February	2,375.00	3,175.00	3,305.00
March	2,355.00	2,850.00	3,820.00
April	1,950.00	2,165.00	.....
May	2,985.00	3,170.00	.....
June*	6,150.00	5,050.00	.....
July	2,430.00	3,930.00	.....
August	1,885.00	1,380.00	.....
September	1,740.00	1,470.00	.....
October	4,295.00	3,725.00	.....
November	2,125.00	2,470.00	.....
December	6,795.00	8,765.00	.....
	$45,300.00	$51,900.00	.....

Excess of membership fees of 1901 over 1900....$6,600.00

	1900.	1901.	1902.
Receipts for the first quarter...	$14,945.00	$19,775.00	$24,740.00

JOURNAL COMPARATIVE STATEMENTS.

The following comparative statement indicates the increase in advertising collections during the past three years:

	1898.	1899.	1900.	1901.
Totals	$23,029.71	$33,760.82	$44,060.70	$59,441.82

Indicating a gain for 1899 over 1898 of.....$10,131.11
Indicating a gain for 1900 over 1899 of..... 10,299.88
Indicating a gain for 1901 over 1900 of..... 15,381.12

The following is a comparative statement of the net subscriptions for the years 1898, 1899, 1900 and 1901:

	1898.	1899.	1900.	1901.
Totals	$6,746.55	$12,283.52	$23,697.03	$33,793.45

Indicating a gain for 1899 over 1898 of..... $5,536.97
Indicating a gain for 1900 over 1899 of..... 11,408.51
Indicating a gain for 1901 over 1900 of..... 10,096.42

January 1—	1899.	1900.	1901.	1902.
Total number of members	7,997	8,445	9,841	11,107
Total number of subscribers	2,453	4,633	8,339	10,795
	1898.	1899.	1900.	1901.
Receipts of Journal office	$33,566	$52,106	$74,175	$99,119

The following table shows the total number of copies issued each year, total number of pages, and amount of paper stock used:

	Total No. Copies.	Pages.	Reams.	Lbs. of Paper.	Tons.
1898	597,282	4,756	3,395	321,525	157
1899	710,950	5,382	4,832	461,420	230
1900	907,200	6,087	6,747	607,230	303.5
1901	1,146,575	6,510	9,052	814,680	407

The following shows the annual cost of paper stock for the past three years:

1899.	1900.	1901.
$22,724.00	$25,598.00	$29,835.00

Profits of THE JOURNAL and of the Association for the last three years are as follows (no systematic closing of books at end of year previous to 1899):

	Journal Profits.	Assoc'n or True Profits.	A. M. A. Expense.
1899	$22,451.24	$16,616.85	$5,843.39
1900	21,984.79	14,802.22	7,182.57
1901	36,245.60	26,018.11	10,227.49
	$80,680.63	$57,487.18	$23,253.45

In explanation of the above table, the first column, "JOURNAL Profits," indicates the profits that THE JOURNAL would have made had it not been charged with the expenses of the Association proper.

The second column, under "Association or True Profits," is given the net profits after the payment of the expenses of the Association.

The third column, "A. M. A. Expenses," indicates the expenses attached to the Association, and it will be seen that this item is growing each year. These expenses are shown by Exhibit B in the Treasurer's report. It was thought best to make this distinction each year so that THE JOURNAL may have credit for what expenses strictly belong to it. While part of the expenses charged up in Exhibit B belong to those connected with collecting the annual dues from members, and thus strictly belong to THE JOURNAL, the other items have no relation to THE JOURNAL at all. Besides the items given in Exhibit B the Association is also charged by THE JOURNAL with stationery, etc., supplied to the Section officers.

The following indicates the amount paid for second-class postage for the past four years:

1898.	1899.	1900.	1901.
$2.759.31	$3,905.65	$5,616.06	$7,591.37

It must be remembered that THE JOURNAL has had during the year 178 pages of advertising from which it received no income. These pages contained a weekly report of the Officers and Committees of the Association, Contents and Digest, JOURNAL and Association announcements, etc., and deprived the JOURNAL of just that much space.

With the increase in the circulation of THE JOURNAL, the Editor has been able to obtain a substantial advance in space rates. All advertisements being payable monthly prevents the possibility of much loss from failures to collect. That business in this department continues good is evidenced by the fact that up to May 1 no requisitions have been made upon the Treasurer for any money wherewith to meet accounts in THE JOURNAL office. January, 1902, advertisements yielded $6967.05; February, $4617.17; March, $4936.53, making for the first quarter of 1902 $16,510.75, as compared with $14,485.53 for the same length of time and for the same months for 1901, thus showing a gain of $2025.22 for the first quarter of 1902 as compared with the same quarter of 1901.

SUBSCRIPTION DEPARTMENT.

Our subscription department shows a healthy gain for 1901, as compared with 1900—it being 26 2/3 per cent.—the total number of copies issued in 1901 being 1,146,578, and in 1900 907,200, while as compared with 1898, the gain is nearly 100 per cent., the number of copies issued being 597,282.

The following is the detailed count of the mailing list by states, indicating the gains and losses in the States for the year 1901:

	Gain.	Loss.
Alabama	35	..
Arkansas	87	..
California	147	..
Cuba	2	..
Colorado	31	..
North Dakota	40	..
District of Columbia	..	10
Georgia	..	16
Idaho	8	..
Indian Territory	68	..
Kansas	74	..
Louisiana	84	..
Maryland	91	..
Michigan	79	..
Missouri	167	..
Mississippi	88	..
New Mexico	6	..
Nevada	1	..
North Carolina	18	..
Ohio	42	..
Oregon	82	..
Rhode Island	69	..
Tennessee	16	..
Utah	6	..
Virginia	..	16
Wyoming	6	..
Alaska	..	1
Arizona	2	..
Canada	9	..
Connecticut	77	..
Delaware	..	3
South Dakota	100	..
Florida	17	..
Illinois	244	..
Indiana	162	..
Iowa	162	..
Kentucky	132	..
Maine	71	..
Massachusetts	111	..
Minnesota	288	..
Montana	51	..
Nebraska	28	..
New Hampshire	52	..
New Jersey	88	..
New York	181	..
Oklahoma	55	..
Pennsylvania	103	..
South Carolina	..	12
Texas	376	..
Vermont	21	..
Washington	90	..
West Virginia	18	..

* The month of June of each year represents the registrations at the annual meetings.

	Gain.	Loss.		Gain.	Loss.
Wisconsin	98	..	U. S. Army	48	..
U. S. Marine-Hospital	6	..	Hawaiian Islands	..	..
Mexico	4	..	Philippine Islands	4	..
Porto Rico	3	..	Foreign	..	20
Total gain	3814		Total loss		92

The figures given below indicate the count of the mailing list, Jan. 1, 1902, compared with that of Jan. 1, 1899, 1900 and 1901:

	January 1			
	1899.	1900.	1901.	1902.
Copies to members	7,997	8,445	9,841	11,107
Copies to subscribers	2,453	4,633	8,339	10,795
Copies to advertisers	200	233	306	272
Copies to exch. (domestic)	149	153	149	140
Copies to exch. (foreign)	56	59	49	47
Copies to Med. Coll. and Librs.	104	108	113	117
Copies to subscription agents	4	4	45	72
	10,959	13,635	18,842	22,550

Indicating an increase for January of the year 1900 over 1899 of 2,676

Indicating an increase for January of the year 1901 over 1900 of 5,207

Indicating an increase for January of the year 1902 over 1901 of 3,708

We have presented this report dealing in figures more than usual in order that any of you who care to study them carefully may have data upon which to begin.

We feel that the Association can boast of as good a medical publication as is issued anywhere in the world, and one that now has the largest bona fide circulation. If every member could be made to feel that he is a part owner of this publication, and as such, is to that extent responsible for its success or failure, and would aid to the extent of securing one new subscriber, the possibilities of THE JOURNAL would be unlimited. We feel that when the full effect of the reorganization scheme is experienced and the medical profession is properly organized in accord with that scheme, every county medical society will become an agency by means of which THE JOURNAL'S circulation will be largely increased.

While the Board of Trustees and the Editor have labored together for financial success, the idea of maintaining the quality of THE JOURNAL has never been permitted to become a secondary issue. It has been kept prominently to the front.

SECTION PAPERS AND ABSTRACTS.

The Board of Trustees had instructed the Editor to comply with the letter of the law in getting out programs for the Saratoga meeting, but it has been impossible for him to do this inasmuch as no explicit rules had been adopted by the Association. We refer to this matter to ask the House of Delegates to rule definitely in regard to all matters connected with the number of papers in each section; the parties who may or may not be invited to read papers before the sections; the question of abstracts of papers; the publication of papers read, and the date at which all titles of papers must be in the hands of the Editor, from and after which time no changes are to be made in the program.

We would again emphasize the fact that too many papers are entered on our programs, many of them not to be read but to advertise the parties who have entered their names. Not more than thirty papers, if all are read, can be well discussed and disposed of in each section at our annual meetings; hence your secretaries of sections should be notified not to exceed that number in the program of their sections.

The appended table shows the number of papers on the programs of the sections for the years 1897, 1898, 1899, 1900 and 1901, and the number of these papers complying with the requirements of our by-laws in regard to abstracts at the St. Paul meeting.

	1897.	1898.	1899.	1900.	1901
Practice of Medicine	93	45	83	59	43
Obstetrics and Diseases of Women	49	57	69	56	37
Surgery and Anatomy	46	71	72	55	41
Hygiene and Sanitary Science	46	33	26	11	16
Ophthalmology	70	56	58	40	35
Diseases of Children	53	62	37	45	35
Stomatology	16	16	14	23	18
Nervous and Mental Diseases	51	80	43	44	32
Cutaneous Medicine and Surgery	23	24	21	17	23
Laryngology and Otology	82	38	47	49	34
Materia Medica, Pharmacy and Therap.	28	81	59	48	35
Physiology and Dietetics	37	43	32	26	12
Pathology and Bacteriology	..	..	..	18	30
	594	615	561	491	391

1901.

	No. Papers Abstracted.	No. Papers Not Abst.	Total on Program.
Practice of Medicine	27	16	43
Obstetrics and Dis. of Women	31	6	37
Surgery and Anatomy	14	27	41
Hygiene and Sanitary Science	3	13	16
Ophthalmology	26	9	35
Diseases of Children	28	7	35
Stomatology	..	18	18
Nervous and Mental Diseases	24	8	32
Cutaneous Medicine and Surgery	4	19	23
Laryngology and Otology	..	34	34
Materia Medica, Phar. and Ther.	13	22	*35
Physiology and Dietetics	..	12	12
Pathology and Bacteriology	16	14	30
	196	205	391

1900: Total number papers 491
Total number abstracted 229
Total not abstracted 262

* One no title.

In Program for 1901, Practice of Medicine, of papers abstracted, eleven abstracts have less than 50 words; 5 less than 25 (one only 9); 16 ranging between 15 and 110. In Obtetrics, 14 contain less than 50 words, 4 less than 25 (as low as 9); 15 between 50 and 139. Surgery and Anatomy; 5 less than 50 (none less than 31); 9, 50 to 139 (this last same paper in program of Obstetrics). Of the three papers showing abstracts in Section on Hygiene and Sanitary Science, one has 18, one 24, and one 50 words.

All papers not read will be treated as volunteer papers, and no papers from members of the medical profession in the United States who are not members of the American Medical Association will be allowed on the program. All papers read in the sections, to be entitled to publication in THE JOURNAL, must have the approval of the three members of the Executive Committee of the section in which they were read, this approval to be evidenced by the signatures of the members to such papers.

RECOMMENDATIONS.

We would recommend that definite action be taken along the following lines:

1. Instruct the Secretary and Editor to enter the title of no paper on the program of any Section which is not received, together with an abstract of the paper (containing not less than 50 nor more than 200 words), at least thirty (30) days before the annual meeting of the American Medical Association.

2. Place the name of no member of the medical profession on the official program who is not either a "member," a "member by invitation," an "honorary member" or an "associate member."

3. Limit the number of papers in each Section to thirty (30).

4. Fix the amount of money, if any, to be paid by the Trustees to the secretaries of the Sections for postage, etc.

5. Require all committees to limit their expenditures to the sum appropriated to their respective uses, notifying them that moneys expended; or contracts made beyond the sum appropriated will not be paid by the Association.

ACCOUNTS AND EXPENSES.

Your Board has had before it several accounts for postage and other expenses presented by the secretaries of some of the sections. We have been forced to decline to pay these bills, as we could find no authority for so doing. If such accounts are to be paid, a definite amount of money, not to exceed $10, should be appropriated to the secretary of each section to cover postage and the incidental expenses of his office. He is furnished by THE JOURNAL office with his stationery, and up to this time he has been expected to pay his own postage. If any other course is to be pursued the House of Delegates should speak in no uncertain terms.

When an appropriation is made for any specific purpose no more than that amount should be spent by the committee for the use of which the appropriation is made. We are thus plain and explicit because with an appropriation of $400 made by the Association for a pathologic exhibit the sum of $594.87 was expended, nearly $200 of the amount being for repairs, shelving, etc., in the exhibit room. Your Board doubted its right to pay this part of the bill, but in view of the importance of the exhibit we did meet it, but at the same time did not intend that such action could or should be taken as a precedent.

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IN CONCLUSION.

Your Board, at the Chicago meeting, was confronted with two questions of much magnitude and importance to the Association: First, the status of the Association in view of the amendments to our constitution and by-laws; and second, the best plan by which relief could be gotten for the overcrowded floor space in our rented quarters.

To determine the first question and thus to enable us understandingly to discuss and solve the second your Trustees deemed it best to secure the advice of able legal counsel, and to be guided by the opinion thus gotten. This was done as a result of the last meeting of the Board at St. Paul. The resident trustee, Dr. E. Fletcher Ingals, at some future meeting of the House of Delegates will report upon this matter. The opinion given by the attorney justified your Board in taking up and acting on the second question.

The Secretary and Editor reported an early expiration of the lease upon the floor space in the building occupied by THE JOURNAL office, and that at the end of the present lease we would be expected to pay double the amount of rent for the same floor, and that we could not secure room enough for THE JOURNAL work in the building, and besides that some new machinery needed would be too heavy to be placed anywhere in a building except in the basement. The Resident Trustee had been requested to inspect and report upon any desirable lots that might be put upon the market.

When the Trustees met in February, Dr. Ingals was able to price to the Board eight or ten plats of ground, some with and some without buildings. We inspected several of these pieces of property, and finally instructed the Resident Trustee to purchase a piece of property.

This property is on the corner of Dearborn Avenue and Indiana Street, and had on it five houses. This purchase was made and the title passed to the Association through a guarantee company on March 3 for the sum of $42,646.96. This includes all fees connected with the purchase. Two of the houses have been torn down and on the site occupied by them we have in process of erection a "Home for THE JOURNAL and a Headquarters for the American Medical Association." The other three houses are rented out and we will get a good interest on our money for that part of the property, and as soon as the new building is ready, we will be in fine shape. When the building is completed the property will have cost us about $70,000. Of this amount we had on hand, April 1, after paying out the $42,646.96 for the building, nearly $12,000. This does not include the money invested in the United States Government or Chicago City bonds, which amounts to $24,000 face value.

The former rental expense of the JOURNAL office was $1500. We could not renew our lease and secure space enough for our growing business for $5000. Now we will pay out nothing for rent, thus saving the $5000 mentioned above, and in addition will receive $2000 per year as rental from our three (3) houses, making in this way a total of $7000, which represents an income of 10 per cent. on the $70,000 invested in the "Home for THE JOURNAL," as compared with a possible 3½ per cent. income from our bonds. The taxes and insurance on the buildings would be offset by the increased facilities for work in our new building and the resultant possibility of more work at a less expense.

Respectfully submitted,

T. J. HAPPEL, Pres.,
E. E. MONTGOMERY, Vice-Pres.,
JOSEPH M. MATHEWS,
MILES F. PORTER,
E. FLETCHER INGALS,
W. L. RODMAN,
W. W. GRANT,
JOHN F. FULTON,
H. L. E. JOHNSON, Sec.

On motion of Dr. A. E. Baldwin, Section on Stomatology, the report was referred to the Business Committee.

Dr. E. Eliot Harris, New York, presented the following resolution:

For more than a year some of the members of the Council of the New York State Medical Association have been engaged in a critical examination of the ethical part of the laws of the American Medical Association, resulting in the preparation of a revision of the Code of Medical Ethics. This revision has been approved by the council of the New York State Medical Association, and the delegates have been instructed to present it to the House of Delegates at this session.

Resolved, That the President appoint a committee of five to examine and report for final action at the annual session in 1903 the proposed revised code of medical ethics which is herewith submitted in writing;

Resolved, That the proposed revised code of medical ethics be published in the Association's JOURNAL three times before the meeting in 1903.

Code of Medical Ethics.

CHAPTER I.—OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS AND OF THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

ARTICLE I.—DUTIES OF PHYSICIANS TO THEIR PATIENTS.

SECTION 1.—Physicians should not only be ever ready to obey the calls of the sick, but should be mindful of the high character of their mission and of the responsibility they must incur in the discharge of momentous duties. In their ministrations they should never forget that the ease, the health, and the lives of those entrusted to their care depend on skill, attention, and fidelity. In their deportment they should unite tenderness, cheerfulness and firmness, and thus inspire all sufferers with gratitude, respect and confidence. These observances are the more sacred because, generally, the only tribunal to adjudge penalties for carelessness or neglect is their own conscience.

SEC. 2.—Every case committed to the charge of a physician should be treated with attention and humanity, and reasonable indulgence should be granted to the caprices of the sick. Secrecy and delicacy should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted, in their professional visits, should be guarded with the most scrupulous fidelity and honor.

SEC. 3.—The obligation of secrecy extends beyond the period of professional services; none of the privacies of individual or domestic life, no infirmity of disposition or flaw of character observed during medical attendance should ever be divulged by physicians, except when imperatively required to do so by the laws of the state. The force of the obligation of secrecy is so great that physicians have been protected in its observance by courts of justice.

SEC. 4.—Frequent visits to the sick are generally requisite, since they enable the physician to arrive at a more perfect knowledge of the disease, and to meet promptly every change which may occur. But unnecessary visits are to be avoided, as they give undue anxiety to the patient.

SEC. 5.—Ordinarily, the physician should not be forward to make gloomy prognostications, but should not fail, on proper occasions, to give to the friends of the patient timely notice of danger when it really exists; and even to the patient, if absolutely necessary. This notice, however, is often so peculiarly alarming when given by the physician, that its deliverance ought to be declined whenever it can be assigned to any other person of good judgment.

SEC. 6.—The physician should be the minister of hope and comfort to the sick, since life may be lengthened or shortened not only by the acts but by the words or manner of the physician whose solemn duty is to avoid all utterances and actions having a tendency to discourage and depress the patient.

SEC. 7.—The medical attendant ought not to abandon a patient because deemed incurable; for, continued attention may be highly useful to the sufferer, and comforting to the relatives, even in the last period of the fatal malady, by alleviating pain and by soothing mental anguish.

SEC. 8.—The opportunity which a physician has of promoting and strengthening the good resolutions of patients suffering under the consequences of vicious conduct ought never to be neglected. Good counsels, or even remonstrances, will give satisfaction, not offense, if they be tactfully proffered and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

ARTICLE II.—OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

SECTION 1.—The members of the medical profession, upon whom is enjoined the performance of so many important and arduous duties toward the community, and who are required to make so many sacrifices of comfort, ease, and health, for the welfare of those who avail themselves of their services, are surely entitled to the highest private and public recognition.

SEC. 2.—The first duty of a patient is to select as medical adviser one who has received a sound general and special education, whose habits are good, and who is not devoted to any pursuit incompatible with professional obligations.

SEC. 3.—The sick should always apply for advice in what may appear to be a trivial case, for the slightest accident may result gravely. It is also important that the patient seek assistance in the forming stage of a violent disease and communicate unreservedly to the physician its supposed cause.

SEC. 4.—The patient should be on friendly terms with the medical adviser and bear in mind that physicians are under the strongest obligations of secrecy.

SEC. 5.—Women should never allow feelings of delicacy to prevent their disclosing the seat of their peculiar complaints. Howsoever commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with serious consequences, and a patient may sink under a painful disease which might have been prevented had timely intimation been given to the physician.

SEC. 6.—The obedience of a patient to the directions of the physician should be prompt and implicit. Failure in one particular may render an otherwise judicious treatment dangerous and even fatal. This remark is equally applicable to the unauthorized renewal of prescriptions, and to diet, drink, raiment and exercise.

SEC. 7.—As patients become convalescent they are apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a relapse of the disease.

SEC. 8.—Patients should never allow themselves to be persuaded to take any medicine whatever that may be recommended to them by the self-constituted doctors who are so frequently met with and who pretend to possess infallible remedies for every disease. Howsoever simple some of their prescriptions may appear to be, it often happens that, besides being in themselves injurious, they are productive of much mischief by contravening the plan of treatment adopted by the physician in attendance.

SEC. 9.—Whenever possible the patient should avoid even friendly visits of a physician who is not the regular attendant. But when such visits are received, there should be no conversation on the subject of the patient's disease, as a word may be spoken, without any intention of interference, which may destroy confidence in the course pursued and induce the patient to neglect the prescribed directions.

SEC. 10.—The patient or relatives should never send for a consulting physician without the express consent of the medical attendant.

SEC. 11.—Patients should, whenever practicable, send for their physicians in the morning, before the usual hour for going out, and this gives them the opportunity to so apportion their time as to prevent interference of engagements.

SEC. 12.—Except in emergencies patients should avoid calling on their medical advisers during the hours devoted to meals or sleep.

SEC. 13.—The sick should be always in readiness to receive the visits of the physician, as detention, even for a very short time, is often of serious import to some other sufferer.

CHAPTER II.—OF THE DUTIES OF PHYSICIANS TO EACH OTHER AND TO THE PROFESSION AT LARGE.

ARTICLE I.—DUTIES FOR THE SUPPORT OF PROFESSIONAL CHARACTER.

SECTION 1.—Every individual on entering the profession, and thereby becoming entitled to all its privileges and immunities, incurs an obligation to maintain its dignity and honor, to exalt its standing and to extend the bounds of its usefulness.

SEC. 2.—The physician should observe strictly such laws as are instituted for the government of the members of the profession; should honor the fraternity as a body; and, by unwearied diligence, should resort to every honorable means of enriching the science, and, at the same time, entertain a due respect for those seniors who, by their labors, have contributed to its advancement.

SEC. 3.—There is no profession from the members of which greater purity of character and a higher standard of moral excellence are required than the medical; and to attain such eminence is a duty every physician owes alike to the profession and to patients. It is due to these, as without it their respect and confidence can not be commanded; and to the profession because no scientific attainments can compensate for the want of correct moral principles.

SEC. 4.—It is incumbent on physicians to be temperate in all things, for the practice of medicine requires the unremitting exercise of a clear and vigorous understanding; and in emergencies—for which no physician should be unprepared—a steady hand, an acute eye, and an unclouded mind are essential to the welfare, and even to the life, of a human being.

SEC. 5.—It is derogatory to the dignity of the profession to resort to public advertisements or private cards inviting the attention of persons affected with particular diseases, offering advice and medicine gratis and promising radical cures; or to publish cases and operations in the daily prints, or to suffer such publications to be made; to invite laymen (other than relatives who may desire to be at hand) to be present at operations; to boast of cures and remedies; to adduce certificates of skill and success; or to employ any of the other methods of charlatans.

SEC. 6.—Equally derogatory to professional character it is for a physician to hold a patent for any surgical instrument or medicine; or to dispense, or promote the use of, a secret medicine, whether it be composed by this physician or the exclusive property of others, for if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality, and if mystery alone give it public notoriety, such craft implies either disgraceful ignorance or fraudulent avarice. It is highly reprehensible for physicians to give certificates attesting the efficacy of secret medicines, or of any of the other substances that may be used medicinally.

ARTICLE II.—PROFESSIONAL SERVICES OF PHYSICIANS TO EACH OTHER.

SECTION 1.—All practicing physicians and their immediate dependents are entitled to the gratuitous services of any one or more of the physicians residing near them.

SEC. 2.—Physicians afflicted with disease should not, as a general rule, undertake the treatment of their own sickness, nor of that of members of their family, for obvious reasons. In such circumstances they are peculiarly dependent upon each other; therefore, kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously, as such civility may give rise to embarrassment or interfere with that choice on which confidence depends.

SEC. 3.—When a physician is summoned, from a distance, to the bedside of a colleague in easy financial circumstances, a compensation, proportionate to traveling expenses and to the pecuniary loss entailed by absence from the accustomed field of professional labor, should be made by the patient or relatives.

ARTICLE III.—OF THE DUTIES OF PHYSICIANS AS RESPECTS VICARIOUS OFFICES.

SECTION 1.—The affairs of life, the pursuit of health and the various accidents and contingencies to which a physician is peculiarly exposed sometimes require the temporary withdrawal of this physician from daily professional labor and the appointment of a colleague to act for a specified time.

SEC. 2.—The colleague's compliance is an act of courtesy which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period half of the pecuniary obligations for such services should be awarded to the acting physician.

ARTICLE IV.—OF THE DUTIES OF PHYSICIANS IN REGARD TO CONSULTATIONS.

SECTION 1.—The broadest dictates of humanity should be obeyed by physicians whenever and wherever their services are needed to meet emergencies occasioned by disease or accident.

SEC. 2.—The good of the patient being the sole object in view, any physician having a license to practice medicine conferred by a medical board authorized by the state may be aided in consultation.

SEC. 3.—No physician who indicates to the public that his practice is based on a sectarian system of medicine shall be entitled to professional fellowship or to recognition in medical bodies.

SEC. 4.—Consultations should be promoted in difficult cases, as they give rise to confidence and more enlarged views in practice.

SEC. 5.—The utmost punctuality should be observed in the visits of physicians when they are to hold consultations, and this is generally practicable, for society has been so considerate as to allow the plea of a professional engagement to take precedence over all others and to be a good reason for the relinquishment of any present occupation.

SEC. 6.—As professional engagements may sometimes interfere and delay one of the parties, the physician who first arrives should wait for a reasonable time, after which the consultation should be considered as postponed to a new appointment.

SEC. 7.—In consultations no rivalship or jealousy should be indulged; candor, probity and all due respect should be observed toward the physician in charge of the case.

SEC. 8.—The attending physician should be the first to question the sick, after which the consultant should have the

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opportunity to make such further inquiries as may be necessary.

SEC. 9.—After due examination of the patient, both physicians should retire to a private place for deliberation; and the one first in attendance should communicate the directions, agreed upon, to the patient or friends, as well as any opinion which it may be thought proper to express.

SEC. 10.—No statement or discussion of the case should take place before the patient or friends, except in the presence of all the physicians attending, and by their common consent; and no opinions or prognostications should be delivered which are not the result of previous deliberation and concurrence.

SEC. 11.—The opinion of the physician in attendance should be delivered first to the patient or friends; and when there are several consultants they should deliver their opinions in the order in which they have been called.

SEC. 12.—No decision should restrain the attending physician from making such variations in the mode of treatment as any subsequent unexpected change in the character of the case may demand. But at the next consultation reasons for the variations should be stated. The same privilege, with its obligation, belongs to the consultant when sent for in an emergency during the absence of the family physician.

SEC. 13.—The attending physician, at any time, may prescribe for the patient; not so the consultant, when alone, except in a case of emergency or when called from a considerable distance. In case of emergency the consultant should do what is needed, and in the other case should do no more than make an examination of the patient and leave a written opinion, under seal, to be delivered to the attending physician.

SEC. 14.—In consultations theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded not on hypothesis, but on experience and observation.

SEC. 15.—All discussions in consultation should be held as confidential. Neither by words nor manner should any of the parties to a consultation assert or intimate that any part of the treatment pursued did not receive his assent.

SEC. 16.—Should an irreconcilable diversity of opinion occur when several physicians are called upon in consultation, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician.

SEC. 17.—It may happen that two physicians can not agree in their views of the nature of a case and of the treatment to be pursued. In the event of such disagreement a third physician should, if practicable, be called in and, if circumstances prevent the adoption of this course, the patient or friends should make the selection. The physician so designated should take charge of the case and the other should then gracefully retire from any further deliberation in the consultation, or participation in the management of the case.

SEC. 18.—As circumstances sometimes arise to render a special consultation desirable, when the continued attendance of two physicians might be objectionable to the patient, the physician whose assistance is required in such cases should sedulously guard against all future, unsolicited attendance. Such consultations requiring an extraordinary portion of time and attention, at least a double fee should be expected.

SEC. 19.—A physician who is called in consultation should observe the most honorable and scrupulous regard for the character and standing of the attending physician, whose conduct of the case should be justified as far as can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence reposed in the attending physician.

ARTICLE V.—DUTIES OF PHYSICIANS IN CASES OF INTERFERENCE.

SECTION 1.—Medicine being a liberal profession, those admitted to its ranks should found their expectations of practice entirely on the extent of their medical education.

SEC. 2.—The physician, in his intercourse with a patient under the care of another physician, should observe the strictest caution and reserve; should give no disingenuous hints relative to the nature and treatment of the patient's disorder, nor should the course of conduct of this physician directly or indirectly tend to diminish the trust reposed in the attending physician.

SEC. 3.—The same circumspection should be observed when, from motives of business or friendship, a physician is prompted to visit a person who is under the direction of another physician. Indeed, such visits should be avoided, except under peculiar circumstances; and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

SEC. 4.—A physician ought not to take charge of, or prescribe for, a patient who has recently been under the care of another physician in the same illness, except in case of a sudden emergency, or in consultation with the physician previously in attendance, or when that physician has relinquished the case or has been dismissed in due form.

SEC. 5.—Placed in the position stated in the preceding section, the physician should never throw out damaging insinuations on the practice previously adopted, and, indeed, should justify it if consistent with truth and probity; for it often happens that patients become dissatisfied when they are not immediately relieved, and, as many diseases are naturally protracted, the seeming want of success, in the first stage of treatment, affords no evidence of a lack of knowledge or skill.

SEC. 6.—When a physician is called to an urgent case, because the family attendant is not at hand, unless assistance in consultation is desired, this physician should resign the care of the patient immediately on the arrival of the family physician.

SEC. 7.—It often happens, in cases of sudden illness, or of accidents and injuries, owing to the alarm and anxiety of friends, that several physicians are simultaneously summoned. Under these circumstances, courtesy should assign the patient to the first who arrives and who, if necessary, may invoke the aid of some of those present. In such a case, however, the acting physician should cause the family physician to be called, and should withdraw unless requested to continue in attendance.

SEC. 8.—Whenever a physician is called to the patient of another physician during the enforced absence of that physician the case should be surrendered on the return of the absentee.

SEC. 9.—A physician, while visiting a sick person in the country, may be asked to see another physician's patient in consequence of a sudden aggravation of the disease. On such an occasion the immediate needs of the patient should be attended to and the case relinquished on the arrival of the attending physician.

SEC. 10.—When a physician who has been engaged to attend an obstetric case is absent and another is sent for, delivery being accomplished during the vicarious attendance, the acting physician is entitled to half the fee, but must resign the patient on the arrival of the physician first engaged.

ARTICLE VI.—OF DIFFERENCES BETWEEN PHYSICIANS.

SECTION 1.—Diversity of opinion and opposition of interest may, in the medical as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur and can not be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians or a court-medical.

SEC. 2.—A peculiar reserve must be maintained by physicians toward the public in regard to some professional questions, and as there exist many points in medical ethics and etiquette through which the feelings of physicians may be painfully assailed in their intercourse, and which can not be understood or appreciated by general society, neither the subject-matter of their differences nor the adjudication of the arbitrators should be made public.

ARTICLE VII.—OF PECUNIARY ACKNOWLEDGMENT.

SECTION 1.—There is no profession by the members of which eleemosynary services are more liberally dispensed than the medical, but justice requires that some limits should be placed to their performance.

SEC. 2.—Poverty, mutual professional obligations, and certain of the public duties named in Sections 1 and 2 of Article I, of Chapter III, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by the rich, or by societies for mutual benefit, for life insurance, or for analogous purposes, or any profession or occupation, can be admitted to possess such privilege.

SEC. 3.—It can not be justly expected of physicians to furnish certificates of inability to serve on juries, or to perform militia duty; or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to persons in indigent circumstances such services should always be cheerfully and freely accorded.

SEC. 4.—Some general rules should be adopted by the physicians in every town or district relative to the minimum

pecuniary acknowledgment from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

SEC. 5.—It is derogatory to professional character for physicians to pay or to offer to pay commissions to any person whatsoever who may recommend to them patients requiring general or special treatment or surgical operations. It is equally derogatory to professional character for physicians to demand or to receive such commissions.

CHAPTER III.—OF THE DUTIES OF THE PROFESSION TO THE PUBLIC AND OF THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

ARTICLE I.—DUTIES OF THE PROFESSION TO THE PUBLIC.

SECTION 1.—As good citizens it is the duty of physicians to be very vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to subjects especially appertaining to their profession, as on questions of sanitary police, public hygiene and legal medicine.

SEC. 2.—It is the province of physicians to enlighten the public in regard to quarantine regulations; to the location, arrangement, and dietaries of hospitals, asylums, schools, prisons and similar institutions; in relation to the sanitary police of towns, as drainage, ventilation, etc.; and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering people, even at the risk of their own lives.

SEC. 3.—Physicians, when called on by legally constituted authorities, should always be ready to enlighten inquests and courts of justice on subjects, strictly medical, such as involve questions relating to sanity, legitimacy, murder by poison or other violent means, and various other subjects embraced in the science of medical jurisprudence. It is but just, however, for them to expect due compensation for their services.

SEC. 4.—It is the duty of physicians, who are frequent witnesses of the great wrongs committed by charlatans, and of the injury to health and even destruction of life caused by the use of their treatment, to enlighten the public on these subjects, and to make known the injuries sustained by the unwary from the devices and pretensions of these artful impostors.

SEC. 5.—Physicians ought to use all the influence which they possess, to discourage pharmacists from vending the secret or other medicines of charlatans, or from being in any way engaged in their manufacture.

ARTICLE II.—OBLIGATIONS OF THE PUBLIC TO PHYSICIANS.

SECTION 1.—The benefits accruing to the public, directly and indirectly, from the unwearied labors of the profession, are so numerous and important that physicians are entitled to the utmost consideration and respect from the community.

SEC. 2.—The public ought to entertain a just appreciation of medical qualifications; to make a proper discrimination between true science and the assumptions of ignorance and charlatanism; and to afford every encouragement and facility for the acquisition of thorough medical education.

Dr. Charles A. L. Reed, Ohio, moved the adoption of the resolution, which was seconded by several delegates, and referred to a special committee to be appointed by the Chair.

Dr. MacCormack moved, in order to expedite business, that the reports of the Secretary and the joint report of the Board of Trustees and Treasurer be referred to a special committee of three to be appointed by the Chair. Carried.

Dr. Charles A. L. Reed presented an affidavit regarding Dr. Wende, of Buffalo, who had been denied admission as a member of the House of Delegates from one of the Sections, and moved that it be referred to the Business Committee. Seconded.

After some discussion by Drs. John B. Roberts, Pennsylvania; Charles A. L. Reed and P. Maxwell Foshay, Ohio, the Chair ruled that this matter should go before the Judicial Council.

Report of Judicial Council.

Dr. Frederick Holme Wiggin presented the report of the Judicial Council, as follows:

SARATOGA SPRINGS, N. Y., June 10, 1902.

The Council met at 9 a. m., in the parlor of Cottage 4, United States Hotel, there being present the following members: Dr. C. S. Rodman, chairman; Drs. G. B. Gillespie, R. C. Moore, N. Fred Essig, J. B. Murphy, H. H. Grant, J. B. Roberts, Preston H. Bailhache, Philip Marvel and F. H. Wiggin, secretary.

The following resolution in the matter of the charges preferred against Dr. Edwin Rosenthal, Philadelphia, was unanimously adopted:

The Judicial Council reports that it has investigated the matter of the alleged advertisement of a certain antitoxin in the address of Dr. Edwin Rosenthal, Chairman of the Section of Diseases of Children in 1900, and renders the following decision:

Dr. Edwin Rosenthal, as chairman of the Section of Diseases of Children, did use his official position in a way to advertise a certain firm of manufacturers of antitoxin, but this action was unintentional on his part, and uninfluenced by the said firm.

The Council adjourned to meet at Parlor 4, United States Hotel, Wednesday, June 11, 8:30 a. m.

FREDERICK HOLME WIGGIN, Secretary.

It was moved and seconded that the report be adopted.

After some discussion as to the proper disposition of this report by Drs. Bishop, Roberts, Baldwin, the Chair ruled that the matter stand as reported, and that no further action was necessary.

Dr. Emil Mayer, Section on Laryngology and Otology, moved, seconded by Dr. Geo. C. Stout, of the same Section, that when the House of Delegates adjourns, it does so to meet on Wednesday, June 11, at 2 p. m. Carried.

The President called for the report of the Committee on National Medical Legislation.

As this report was long, Dr. E. D. Ferguson moved that it be postponed until the next session of the House of Delegates. Carried.

Dr. E. D. Ferguson offered the following resolution, which was referred to the Business Committee:

Resolved, That the Nominating Committee for this annual session of the House of Delegates be constituted by the division of the country into nine (9) geographical districts, the delegates from each district to meet immediately at the close of this session and select one of their number in each district to serve on the Nominating Committee, such selections to be certified and made known to the Secretary, so that he can announce them at the opening of the second daily session. The delegates representing the twelve sections of the Association shall act, for this purpose, with the delegates from the States in the geographical district where they reside, and the delegates representing the Army, the Navy, and the Marine-Hospital Service are assigned to the District of Columbia. The nine geographical divisions shall be constituted as follows:

First, or New England: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut.

Second, or Middle Atlantic: New York, New Jersey, Pennsylvania, Delaware, Maryland.

Third, or South Atlantic: District of Columbia, Virginia, North Carolina, South Carolina, Georgia, Florida, Porto Rico.

Fourth, or South Central: Alabama, Mississippi, Louisiana, Tennessee, Arkansas.

Fifth, or Central: Kentucky, Missouri, Ohio, West Virginia, Indiana.

Sixth, or North Central: Michigan, Illinois, Wisconsin, Minnesota, Iowa.

Seventh, or Northwestern: New Mexico, Indian Territory, California, Kansas, Arizona, Nevada.

Eighth, or Central Western: Oregon, Utah, Colorado, Nebraska, Oklahoma, Texas.

Ninth, or Southwestern: Hawaii, Washington, Idaho, Montana, North Dakota, South Dakota, Alaska, Wyoming.

Reports of Lists of Members by Secretaries of State Societies.

Dr. E. D. Ferguson presented the following:

Resolved, That on or about the first day of January, in each year, the Secretary of the American Medical Association shall call upon the secretaries of the affiliated state organizations for a correct list of the members of the several state and local associations entitled to membership in the American Medical Association from their several states. He shall also ask for a supplementary list of new members and of members who have been dropped on or before the first day of May in each year, and it shall be his further duty to furnish a copy of these lists to the Treasurer of the American Medical Association for his guidance.

The Secretary is hereby instructed to remove from the roll of membership of the American Medical Association such names as are not on these certified lists of members, furnished by the secretaries of the state and local organizations.

Resolved, further, That a sufficient number of copies of the above resolutions be sent to the secretaries of the affiliated state associations for their use.

On motion, these resolutions were referred to the Business Committee.

Dr. Ferguson also presented the following, which was referred to the Business Committee:

Resolved, That no exhibit in the Exhibition Hall shall be allowed at the future meetings of the American Medical Association by the Committee of Arrangements unless the articles to be exhibited would be eligible to advertisement in the JOURNAL of the Association.

The Secretary of the American Medical Association shall pass on each application for space in the Exhibition Hall, and his decision shall be final.

Dr. William A. Evans, Section on Physiology and Pathology, presented the name of Henry Baldwin Ward, professor of zoology and dean of the University College of Medicine, University of Nebraska, Lincoln, for associate membership.

On motion of Dr. H. Bert Ellis, Professor Ward was elected an associate member.

Dr. R. Harvey Reed, Wyoming, presented the following resolution, which was adopted:

Resolved, That the delegate of each of the nine sections be posted in the United States Hotel office, and that they meet in Parlor A at 10 a. m., June 11, 1902, for the purpose of selecting the member of the Nominating Committee from their respective district.

Dr. H. V. Würdemann, Section on Ophthalmology, presented the following resolution and moved its adoption:

WHEREAS, By an unanimous vote of the Section on Ophthalmology the name of Professor O. Haab, the eminent ophthalmologist of Zurich, Switzerland, is offered to the House of Delegates of the American Medical Association for election as an honorary member of the Association, be it

Resolved, That Professor O. Haab, of Zurich, be elected an honorary member of the American Medical Association, and the Secretary be instructed to transmit him the usual notification.

This was seconded by Dr. H. Bert Ellis and carried.

The Secretary read the following from the Richmond Academy of Medicine and Surgery, which was referred to the Business Committee:

RICHMOND, VA., June 5, 1902.

Dear Doctor Edwards:—At a meeting of the Richmond Academy of Medicine and Surgery, held to-night, it was resolved that that body request the Virginia members of the House of Delegates of the American Medical Association to ask the latter to define the ethics of regular practitioners consulting with homeopaths and other irregular practitioners. I was instructed to communicate this to you and to ask you to seek the co-operation of your fellow Virginia delegates in the matter. MARK W. PEYSER, Secretary.

Personal Medical Advertisements.

The Secretary read the Kyger resolutions passed by the Kansas City Academy of Medicine, relative to the abolition from newspapers of personal advertisements, which were referred to the Business Committee.

WHEREAS, It can and has been shown, by ample statistics, that the American race is rapidly decreasing in its birth-rate, thereby threatening ultimate and complete decadence of the race, and

WHEREAS, Such decadence has become so apparent that it should claim the serious attention of those of influence and power to in any degree lessen this evil, and

WHEREAS, Without a special effort to investigate, it must have been observed by the most indifferent with what flagrant violation of all sense of delicacy the public press gives place to advertisements of nostrums and means intended to prevent or cut short pregnancy; these advertisements appearing in a column of the paper set apart for such purpose under the name of "Personal Medical Advertisements," and referred to as "Guarantees," "Sure Relief," "Sure Prevention," etc., occupying in some Sunday editions of reputable papers as much as two columns destined to fall into the hands of all classes, and

WHEREAS, We recognize the press as a most potent factor in the education of the masses: be it

Resolved, By the Academy of Medicine of Kansas City, Mo., that we respectfully recommend that a censorship over the public press should be exercised to the end of correcting such practice of publishing advertisements as those referred to in our whereases. Be it further

Resolved, That it should be deemed of sufficient moment for the attention of the Post-Office Department of the United States of America restricting or prohibiting the distribution of such papers, periodicals or magazines through the United States mail if they continue to so prostitute their columns with such matter. And be it further

Resolved, That a copy of these resolutions be sent every State Medical Association in the United States urging their co-operation in this movement by the adoption of these resolutions.

Resolved, That we request the Secretary of every State Medical Association adopting these resolutions to forward two copies, one to the American Medical Association and the other to the Postmaster-General petitioning for relief from this destructive influence.

JOHN W. KYGER, M.D.
H. C. CROWELL, M.D.
B. H. ZWART, M.D.
Committee.

Report of the Committee on Reciprocity in Medical Licensure.

The Secretary read the report of the Committee on Reciprocity in Medical Licensure from the American Academy of Medicine, as follows:

It is recommended that the following propositions be endorsed and urged upon the medical profession:

1. That in states which have a provision for the admission of licentiates of other state boards without examination, lists of those states the licenses of which will be so recognized, be formed and published as soon as possible; and that, in forming such lists, a rather liberal spirit be shown in the determination of what constitutes equality of requirement. In no two states, not even in the same state through a series of years, can it be expected that the standard of requirement will be exactly the same. Yet abuses likely to arise from any moderate difference in requirement can readily be guarded against by a demand for a moderate period (three years) of actual practice in the state from which the original license had been obtained.

2. That in states giving discretionary power to the examining boards, the license obtained in another state, by passing a good state examination, or even the diploma of one of the better medical colleges, be accepted after five years of practice as evidence of a sufficient training in such branches as chemistry, anatomy, physiology and pathology; and that the examination of the candidates presenting such evidence be confined to the other or so-called practical subjects.

3. That in all states in which sufficient discretionary power to do these things has not been lodged with the state board of medical examiners, the effort should be made to obtain the necessary authority, guarded by an efficient, but not too oppressive, requirement of a period of actual practice in the state from which the original license was obtained.

4. That these steps shall be taken in each separate state, irrespective of formal reciprocity or of what any state so recognized may or may not do in this direction, or of the establishment of a national board of medical examiners, or of any other desirable measures. Such other measures can be promoted independently, and will be assisted rather than hindered by the carrying out of the above suggestions.

Respectfully submitted:
Edward Jackson, L. Duncan Bulkley, N. S. Davis, Jr.

On motion, the report was referred to the Business Committee.

Dr. MacCormack, chairman of the Business Committee, reported that the Committee had considered the matter of the Richmond Academy of Medicine and Surgery, and requested that the House of Delegates send it back to the Virginia State Medical Society.

On motion, it was so ordered.

Dr. H. S. McConnell, Pennsylvania, moved that the Business Committee be requested, at the session to-morrow, to suggest the number of committees the House of Delegates should have in order to expedite business. Carried.

The Business Committee, through Dr. MacCormack, reported that it had considered the resolution offered by Dr. Ferguson creating a nominating committee, and recommended that it be passed.

On motion of Dr. H. Bert Ellis, the report was adopted and the recommendation concurred in.

On motion, the House of Delegates adjourned until Wednesday, June 11, at 2 p. m.

WEDNESDAY, JUNE 11.—SECOND SESSION.

The House of Delegates was called to order at 2:15 p. m. by the President.

The Secretary called the roll of delegates, and there were seventy-five present.

The Secretary read the minutes of the previous session, which were approved.

Committee on Code Revision.

The President announced as the committee on the resolution of Dr. Harris, namely, Committee on Revision of Code of Ethics, Dr. E. Eliot Harris, New York; Dr. William H. Welch, Baltimore; Dr. T. J. Happel, Tennessee; Dr. Nicholas Senn, Chicago, and Dr. Joseph D. Bryant, New York.

Judicial Council.

Under reports of committees, Dr. Wiggin presented the following report of the Judicial Council:

The complaint of Dr. C. G. Kuhlman against the California State Medical Society, referred to the Council by the House of Delegates, was considered, and on motion it was voted to refer the matter to the California State Medical Society, with the request that they make answer, and that both parties be notified of the time and place of the hearing before the Judicial Council next year.

The protest of Dr. Ernest Wende against the action of the Association last year in dropping his name from its membership roll, and consequently from that of the House of Delegates for 1902 and 1903, to which he had been elected by a Section, referred to the Judicial Council by the House of Delegates, was then taken up, and the following resolution was unanimously adopted:

That the decision of the Judicial Council in the case of Dr. Ernest Wende, of Buffalo, in regard to his membership in the American Medical Association is that, as previously ruled by the Judicial Council, and according to the Constitution and By-Laws of the American Medical Association, Chapter I, Section 3, the said Dr. Ernest Wende is not a member of the American Medical Association.

Nominating Committee.

The Secretary announced the Nominating Committee.

First District—S. C. Gordon, Maine.

Second District—W. S. Foster, Pennsylvania.

Third District—George M. Kober, District of Columbia.

Fourth District—G. C. Savage, Tennessee.

Fifth District—Wm. H. Humiston, Section on Obstetrics and Diseases of Women.

Sixth District—William A. Evans, Section on Physiology and Pathology.

Seventh District—H. Bert Ellis, California.

Eighth District—J. C. E. King, Utah.

Ninth District—R. Harvey Reed, Wyoming.

The next order was the report of the Business Committee, which was read by the Chairman, Dr. MacCormack, as follows:

New Committees.

The Business Committee recommends that so much of the resolution creating it as requires it to be in continuous session during the session of the House of Delegates be repealed.

On motion, the recommendation was concurred in.

It recommends that the following special committees be appointed by the President:

1. A committee of three on Sections and Section Work.
2. A committee of three on Revision of the List of Members.
3. A committee of five on Finance.
4. A committee of five on Relation of Dentists and Pharmacists.
5. A committee of three on Organization.
6. A committee of nine on Transportation and Place of Meeting.

On motion, this section of the report was adopted.

Your Committee further recommends that the action taken by the House at its first session referring the reports of the Secretary and Board of Trustees to a special committee of five be rescinded, and that so much of the address of the President as refers to Sections be referred to the Committee on Sections and Section Work; that so much of it as relates to Reciprocity in Licensure to practice medicine and to a Voluntary National Licensing Board be referred to the Committee on Medical Legislation; that so much of it as relates to alterations in the Constitution and By-Laws, and to continuing the work of encouraging the organization of state and county societies, be referred to the Committee on Organization; that so much of it as relates to the appointment of a national organizer jointly to the Committee on Organization and the Board of Trustees, be referred to the latter, with power to act.

On motion, this part of the report was adopted.

Your Committee recommends that so much of the report of the Secretary as relates to membership lists of members, and the enforcement of the provisions of the Constitution and By-Laws in regard to the same, be referred to the Committee on Revision of the List of Members; that so much of his report as relates to programs of sections, papers, abstracts and titles, be referred to the Committee on Sections and Section Work; that so much of said report as relates to dentists and their eligibility for membership be referred to the Committee on Relation of Dentists and Pharmacists; that that portion of the report of the Board of Trustees referring to the number of papers, the parties who may read them, and their publication, be referred to the Committee on Sections and Section Work; that the portion of it relating to the accounts of Section officers and the appropriation of money for meeting their expenses be referred to the Committee on Sections and Section Work.

On motion of Dr. Ellis, this section of the report was adopted.

A motion was then made and carried that the report of the Business Committee be adopted as a whole.

The President announced the following committees, as provided for by the report of the Business Committee:

Committee on Sections and Section Work: Drs. L. S. McMurtry, Section on Obstetrics and Diseases of Women; William Osler, Maryland; Emil Mayer, Section on Laryngology and Otology; Victor C. Vaughan, Michigan, and N. S. Davis, Jr., Section on Hygiene and Sanitary Science.

Committee on Revision of List of Members: Drs. William T. Bishop, Pennsylvania; F. H. Wiggin, New York; George H. Simmons, Secretary of the Association.

Committee on Finance: Drs. W. H. Sanders, Alabama; John B. Roberts, Pennsylvania; J. A. Dibrell, Arkansas; D. C. Hawley, Vermont, and Harold N. Moyer, Section on Nervous and Mental Diseases.

Committee on Organization: Drs. J. N. MacCormack, Kentucky; P. Maxwell Foshay, Ohio, and George H. Simmons, Secretary of the Association.

Committee on Transportation and Place of Meeting: Dr. Thomas Hunt Stucky, Kentucky; W. G. Harrison, Alabama; R. Harvey Reed, Wyoming; Seth C. Gordon, Maine; Philip Marvel, New Jersey; Geo. C. Bryan, New Mexico; H. A. West, Texas; George R. Dean, South Carolina, and H. Bert Ellis, California.

Dr. H. L. E. Johnson, of Washington, D. C., read the report of the Committee on National Medical Legislation, which will be published later.

On motion of Dr. John B. Roberts, the report was received in its entirety and referred to the Business Committee.

The next order was the report of the Committee on Organization, which was presented by Dr. Foshay.

Committee on Organization.

During the past year two separate tasks were assigned to this committee. At the last annual meeting of the Association your committee was ordered to take the new constitution and by-laws and make such verbal and other alterations as might be necessary to secure a complete, harmonious and well-constructed instrument. In accordance with these instructions, we submit a copy of the constitution and by-laws corrected in only a few particulars.

In the second place, the committee was assigned the duty of drafting a constitution and by-laws for State Associations which should embody the principles adopted by this Association at its last meeting. The committee held two meetings during the winter, one at Cincinnati and one at Cleveland. At these meetings and by correspondence your committee formulated such an instrument which has since been adopted without material change by the State Associations of Tennessee, Kentucky, Ohio, Arkansas and Missouri. In other states this constitution and by-laws will soon be submitted for consideration and adoption. Your committee herewith submits a copy of this document, and asks the House of Delegates to give to it the stamp of the Association's approval. [This constitution and by-laws appeared in the issue of THE JOURNAL of May 3.]

In furtherance of the plan to put into execution a complete plan of professional organization, your committee would respectfully suggest that this or some other committee be charged with the duty of drafting a constitution and by-laws for county societies. There is a great demand for such a document from all over the country just as there was for a state plan.

The cordial spirit in which the medical profession of the entire United States has received and endorsed the efforts of the committee has been most gratifying, and encourages the belief that the profession is fully ready for the adoption of a full, dignified and correlated system of organization. This will require considerable work for some time to come, in order that the new constitution and by-laws shall be used to full advantage. The plan proposed is, of course, not self-operative. It is important, therefore, that the House of Delegates should, to the fullest extent, provide means to continue and perfect the organization of this profession. A committee, therefore, should again be charged with this duty, and in addition we recommend that the Board of Trustees be authorized to employ a national organizer to assist in carrying on this work.

During the year the committee was at some slight expense, and submits its accounts.

Dr. H. Bert Ellis moved that the report of the committee be adopted; that the Committee on Constitution and By-Laws be continued, and empowered to make such verbal corrections as may be necessary. Carried.

Dr. Foshay read the second part of the report concerning the drafting of Constitution and By-Laws for State Associations.

On motion of Dr. H. A. West, Texas, the report of the committee and the constitution were adopted, and a vote of thanks extended to the members for the efficient work done by them.

Dr. Foshay read the following resolution, which was adopted:

Resolved, That State associations or societies in counting members for a basis of delegate representation in this House shall count only members in good standing, who pay regular dues to the State association, either directly or indirectly through County societies.

Honorary Members.

Dr. Foshay moved that all nominations for honorary membership, when received from any of the Sections, shall be referred without debate to an appropriate committee, and that the election of honorary members shall be a special order of business immediately following the election of officers on the fourth day of the annual session.

Dr. H. S. McConnell, Pennsylvania, moved its adoption. Seconded and carried.

Vaccination.

Dr. Foshay read the following memorial from the Academy of Medicine of Cleveland to the House of Delegates of the American Medical Association, urging federal standardization of vaccine and federal inspection of the manufacture of vaccine:

WHEREAS, A widspread distrust of vaccination as a means of protection from smallpox prevails among people of all classes; and such distrust appears to have arisen from observed defective protection of bad effects attributed to vaccination; and

WHEREAS, The production and use of a reliable and safe vaccine virus is of the highest importance as the chief agency by which smallpox can be controlled, and that such virus can be produced has been shown by the results in Germany, France and England, under government methods and control; therefore be it

Resolved, First, that the Academy of Medicine of Cleveland, through its Council, acting at the suggestion of its Committe on Public Health, do hereby request the House of Delegates of the American Medical Association to petition Congress to pass at once such legislation as will place the production of vaccine virus under the direct control and supervision of the United States Government, under either the Agricultural Department or the United States Marine-Hospital Service.

Resolved, Second, that the House of Delegates of the American Medical Association be requested to appoint a committee to draft proper rules and regulations and methods for such control and supervision, and to urge their adoption as part of such proposed legislation, to be applied and enforced after the manner of the present cattle inspection and quarantine.

Resolved, Third, that the words "control and supervision of the United States Government" as used above are to be interpreted as meaning that vaccine virus offered for sale in this country must conform to the bacteriologic and other standards set by the proposed legislation, and that only virus properly certified as having reached such standard shall be sold or otherwise offered for use in the United States. (Referred to the Business Committee.)

Surgeon-General Sternberg.

Dr. R. Harvey Reed offered the following preamble and resolutions:

WHEREAS, Surgeon-General George M. Sternberg has just been retired from the Army after more than forty years of faithful and distinguished service, not only on numerous battle fields and in the face of cholera and yellow fever epidemics, but also as chief of the medical corps which he has elevated to its present high standard by precept and example, and notably by the establishment of the Army Medical School; and

WHEREAS, His contributions to science and strong personal efforts as a pioneer in bacteriology at remote and isolated military posts have stimulated medical research and the advancement of American medicine more especially, in the field of hygiene and sanitary science.

Resolved, That the thanks of the American Medical Association be tendered to him for his beneficent labors in scientific medicine;

Resolved, That the Committee on National Legislation be instructed to secure the passage by Congress of the provisions of Senate Act 5213, so that Dr. Sternberg's services to his country and to humanity may receive official recognition and reward.

The resolutions were adopted.

Vote of Thanks to Yellow Fever Investigators.

Dr. Victor C. Vaughan offered the following resolutions, which were adopted:

WHEREAS, The members of the American Medical Association believe that the recent work of the U. S. Army surgeons in Cuba in relation to the discovery of the method of transmission of yellow fever is of such magnitude and far-reaching beneficence as to rank only second with Jenner's discovery of vaccination, and

WHEREAS, The practical value of this discovery has been proven by the complete eradication of this scourge from Havana,

Resolved, That the thanks of this Association be tendered the gentlemen who accomplished this brilliant result, and particularly to Drs. Walter Reed, James Carroll, A. Agramonte, W. C. Gorgas, and to Leonard Wood, who recognized the importance of the work and made it possible by his hearty encouragement and assistance.

Resolved, That this Association while deeply deploring the death of Dr. Jesse W. Lazear, who died a martyr to science, admires and gratefully acknowledges the heroic devotion of this physician and some of the members of the Hospital Corps ... cause of humanity;

Resolved, That these resolutions be published in THE JOURNAL, and that copies be transmitted to Drs. Reed, Carroll, Agramonte, Wood, Gorgas, and Mrs. Lazear.

A Public Health System.

Dr. W. H. Sanders presented the following report and propositions, which were referred to the Business Committee.

The American Medical Association, composed, as it is, of physicians representing every state and territory of the United States, believing it one of the highest functions and most imperative duties of all wise and well-organized governments to protect their people, as far as may be done, from infectious and contagious diseases, deems this annual session an appropriate occasion for formulating and announcing the fundamental principles which, in its judgment, should underlie such a public health system as will be best adapted to the conditions prevailing in this country and as will possess the elements of efficiency and perpetuity.

The principles are embodied in the following propositions:

1. Under a series of concentric governments, such as exist in this country, a public health system should be so constructed that all municipalities, counties and states shall, under a reasonably uniform system, do such sanitary work as properly and legally belongs to them in their respective attitudes toward the constitutions of the several states, and the Constitution of the United States.

2. After the principle stated in the foregoing proposition has been complied with, all sanitary work remaining unprovided for would naturally and necessarily devolve upon the remaining one of the concentric governments, namely, the general government.

3. The physicians of the country who, by virtue of their daily contact with disease, occupy the most favorable positions for the early recognition and prompt notification of the presence of contagious and infectious diseases, and who, by virtue of expert knowledge of the subject, are best qualified to direct and supervise the application of the teachings of sanitary science, should constitute integral and responsible factors in the creation of a public health system—hence the thorough, logical and harmonious organization of the medical profession, county, state and national, should be fostered by appropriate legislation on the part of the states and the nation.

4. A public health system should be widely divorced from politics, and absolutely released from domination by commercial influence.

5. Boards of health should be composed of physicians only; likewise, health officials should be physicians, and should be either nominated or elected by the organized members of the medical profession in their respective jurisdictions.

6. The cardinal constitutional principle of local government should be jealously guarded and no attempt should ever be made to overthrow it by centralizing in the general government public health or police powers, which, according to numerous decisions of the Supreme Court, belong absolutely to the states.

7. Were the above principles incorporated into the construction of a public health system, it is believed that a symmetrical, harmonious and coherent one could be built up, the roots of which would be deeply planted in the soil of every state, and one which by a process of natural growth and development would soon project itself into a National Bureau of Public Health, with jurisdiction over such sanitary questions only as lie outside of the domain of state powers, the exercise of which would broadly promote the general welfare.

Committee on Credentials.

Dr. John B. Roberts offered the following resolutions, which were referred to the Business Committee:

Resolved, That the Chair appoint a committee of five, to be known as the Committee on Credentials and Registration.

Resolved, That it shall be the duty of this Committee to keep two registration lists, one of delegates, and one of alternates, and to have one of its members or a clerk constantly in the hall of meeting of the House of Delegates during all sessions of the House;

Resolved, That a delegate compelled to be absent from any session of the House may be represented by a duly accredited and registered alternate, provided that the name of the alternate be first reported to the Committee on Credentials and Registration at its desk in the hall of meeting.

Resolved, That these resolutions be standing resolutions of the House, and that the Chairman each year hereafter appoint a committee on Credentials and Registration prior to the opening of the annual session of the American Medical Association.

Dr. Charles S. Rodman, Connecticut, offered the following amendment to the by-laws:

To amend the by-laws relating to time of meeting:

Repeal Section 3 of Chapter VIII and enact as follows, namely:

The House of Delegates shall meet at 10 o'clock on the day before that fixed as the first day of the annual session. It may adjourn from time to time as may be necessary to complete its business, provided that it shall not meet at hours that conflict with the general meetings of the Association. (To lie over one year.)

Dr. Rodman also offered the following:

Resolved, That the American Medical Association recommends to the affiliated state societies the introduction at the next legislative sessions of their respective states, of an amendment to their medical practice acts as follows:

The provisions of this act shall not apply to those who have successfully passed the medical examinations of the United States Army, Navy, or Marine-Hospital Service.

(Referred to the Business Committee.)

Senn Medal.

The secretary read the following report of the Committee on the Senn Medal:

The Committee on the Senn Medal begs to report as follows: The majority of the committee recommends that no prize be given this year. The minority recommends that the Senn Prize Medal be given to the essay on "Practical Surgical Anesthesia;" nom de plume, "Fiat Lux."

HERBERT L. BURRELL, Secretary.

Dr. H. Bert Ellis moved the adoption of the majority report. Carried.

The president called for the report of the Committee on Award of Association Medal.

In the absence of Dr. H. A. Hare, chairman, Dr. Lewis S. McMurtry, Section on Obstetrics and Diseases of Women, said that the committee simply desired at this time to report progress, but that a further report would be presented later.

The reports of the Committee on Rush Monument Fund and on Scientific Research were called for, but no reports from these committees were made.

On motion the House of Delegates adjourned until 10 a. m. Thursday.

THURSDAY, JUNE 12—THIRD SESSION.

The House of Delegates was called to order at 10 a. m. by the president.

In the absence of the secretary Dr. Foshay called the roll of delegates.

The minutes of the previous meeting were read, and, after some minor corrections, were approved.

The president announced as the Committee on the Relation of Dentists and Pharmacists Drs. Geo. W. Guthrie, Pennsylvania; Charles J. Kipp, New Jersey, and Thomas D. Coleman, Georgia.

The next order was the report of the Business Committee, which was read by Dr. MacCormack.

Business Committee.

The committee recommends that the propositions embodied in the report of Dr. Sanders, of Alabama, be referred to the Committee on Medical Legislation.

The committee recommends that the resolution of Dr. Rodman in regard to certain state laws also be referred to the same committee.

The committee recommends that the resolutions of Dr. Kyger in regard to newspaper advertising be indefinitely postponed.

The committee recommends that when the House of Delegates adjourns it adjourn until 4:30 this afternoon.

On motion of Dr. McConnell the report of the Business Committee was adopted.

The report of the Nominating Committee was read by Dr. R. Harvey Reed, the secretary of the committee.

Nominating Committee.

SARATOGA, N. Y., June 11, 1902.

Your Nominating Committee met at 5 p. m. and organized by electing Dr. S. C. Gordon, of Maine, chairman and Dr. R. Harvey Reed, of Wyoming, secretary.

Roll call showed all members present.

On motion of Dr. Humiston, Ohio, it was decided to proceed at once with nominations for the president.

Dr. Frank Billings of Chicago was placed in nomination by Dr. Wm. A. Evans, Section on Physiology and Pathology, and on motion Dr. Billings was made the unanimous choice of your committee for president of the Association for the year 1903, Other officers were nominated as follows:

For First Vice-President—Dr. J. A. Witherspoon, Nashville, Tenn.

For Second Vice-President—Dr. G. F. Comstock, Saratoga Springs, N. Y.

For Third Vice-President—Dr. C. R. Holmes, Cincinnati.

For Fourth Vice-President—Dr. James H. Dunn, Minneapolis, Minn.

For Treasurer—Dr. H. P. Newman, Chicago.

For Secretary—Dr. Geo. H. Simmons, Chicago.

For Trustees (For Three Years)—Dr. E. E. Montgomery, Philadelphia; Dr. H. L. E. Johnson, Washington, D. C., and Dr. A. L. Wright, Carroll, Iowa.

For Judicial Council (For Three Years, 1905)—Dr. Philip Marvel, Atlantic City, N. J.; Dr. Geo. Cook, Concord, N. H., and Dr. N. S. Davis, Jr., Chicago, Ill.

For Two Years (1904)—Dr. T. C. Martin, Cleveland, O.; Dr. J. B. Roberts, Philadelphia, and Dr. Christopher Tompkins, Richmond, Va.

For One Year (1903)—Dr. F. H. Wiggin, New York City; Dr. G. B. Gillespie, Covington, Tenn., and Dr. D. C. Peyton, Jeffersonville, Ind.

For Oration on Medicine—Dr. J. M. Anders, Philadelphia.

For Oration on Surgery—Dr. A. F. Jonas, Omaha, Neb.

For Oration on State Medicine—Dr. W. H. Welch, Baltimore, Md.

On motion by Dr. Humiston, Ohio, the secretary was instructed to prepare a ticket and have the names selected by this committee for the several offices and positions printed thereon, with sufficient space between each name for interlining and a small square at the side for an "X" to indicate the choice of any voter for any particular person, and that said ballots be used for casting the final ballot by the House of Delegates for the officers of their choice.

The committee adjourned to meet on June 12 at 9 a. m.

S. C. GORDON, *Chairman*.

R. HARVEY REED, *Secretary*.

Association Medal.

Dr. H. A. Hare, Philadelphia, reported on behalf of the Committee on Association Medal:

The Committee on the Association Medal for 1902 respectfully reports that owing to a misunderstanding it was not notified of its appointment until March, 1902. No essays were received. The committee believes it is desirable that rules should be prepared governing the competition for the medal, as to the length of the essay, the subject or subjects upon which it shall be prepared, the method of its publication, and the best means of publishing the fact that the prize may be competed for. H. A. HARE, *Chairman*.

On motion of Dr. Ellis the report was referred to the Business Committee.

Dr. H. Bert Ellis, speaking on behalf of the Committee on Transportation and Place of Meeting, said that they had selected Dr. Thomas Hunt Stucky chairman of the committee, he to select such other associates as he might deem best fitted for the position. Hot Springs, Ark., was selected as the place for holding the next meeting.

On motion of Dr. Charles A. L. Reed this matter was referred back to the Nominating Committee to be acted upon in connection with the report of that committee tomorrow.

Sections and Section Work.

Dr. L. S. McMurtry made the following report of the Committee on Sections and Section Work:

The Committee on Sections and Section Work recommends that the by-laws be amended by the following clauses:

I. That the number of papers upon the program of each section shall not exceed forty.

II. That no member shall read papers before more than two sections in any one year, and these papers must be on different subjects.

The Committee offers the following:

Resolved, That the Secretary of the Association be authorized to send immediately after each annual meeting, a circular to the Section officers, calling attention to all the by-laws and rules relating to their duties.

Resolved, That the retiring President at each annual meeting shall call together for reference the President-elect, the Secretary of the Association, and the officers of the Sections to plan the work for the coming year.

Resolved, That it shall be the duty of the President of the Association to enforce the by-laws and rules relating to the work of the Sections.

Resolved, That there shall be appropriated a sum not to exceed twenty-five dollars annually to cover the postage of officers of Sections.

Dr. Charles A. L. Reed moved that the report of the committee be received and adopted, with the exception of that part which relates to the amendment to the constitution and by-laws; and that that part which relates to the expenditure of moneys be referred to the Board of Trustees.

After considerable discussion by several of the members the motion was carried.

Associate Members.

Dr. Victor C. Vaughan, a member of the Committee on Sections and Section Work, asked for an interpretation of Section 5 of the Constitution as to associate members, which reads as follows:

"Representative teachers and students of the allied sciences, not physicians, may become associate members by vote of the House of Delegates." He said a gentlemen, a distinguished physiologist, who is not a member of the Association, is to read a paper before one of the sections this afternoon, and he wanted to know whether the committee was barred from electing such men as associate members. He asked an interpretation of the two words, "not physicians," and suggested that such men be designated as "unregistered or unlicensed practitioners." If this were done, some of the best men, who were doing good scientific work, could be elected associate members.

Dr. John B. Roberts moved that the words suggested by the committee be incorporated and the committee so instructed. Carried.

In accordance with that interpretation, Dr. Vaughan presented the following names for associate membership: R. H. Chittendon, of Yale; La Fayette Mendel, of Yale; A. R. Cushing, of the University of Michigan; F. G. Novy, of the University of Michigan; John J. Abel, of Johns Hopkins; W. H. Howell, of Johns Hopkins; J. Erlanger, Johns Hopkins; W. T. Porter, Harvard; W. B. Cannon, Harvard; Simon Gage, Cornell.

On motion these gentlemen were elected to associate membership.

Informal Ballot for Officers.

The Business Committee recommends the following amendment to the by-laws:

That Section 4, Chapter 7, of the by-laws, entitled "Committees on Nominations," be repealed, and the following be inserted in lieu thereof:

Section 4.—Nominations for officers shall be by informal ballot in the House of Delegates, unless otherwise ordered by a majority of the delegates present when such nominations are made. Twenty votes shall be necessary to a nomination, and after the nominations are made the balloting shall continue until some nominee has received a majority of the votes present. After the second formal ballot the nominee receiving the lowest number of votes shall be dropped, and so on in each successive ballot until an election is had.

President Pro Tem.

Dr. McConnell, of Pennsylvania, offered the following, which was referred to the Business Committee:

The president of the Association having too many duties to perform, in order to relieve him to a certain extent and to expedite the business of the House of Delegates,

Resolved, That the House of Delegates at the commencement of each annual session, elect a President *pro tem.*, whose duties shall be to assist the President in every manner and to preside in his absence. The said President *pro tem.* shall retain his office until his successor is elected and have authority to convene the House of Delegates at the hour designated, beginning with each annual session.

Committee on Legislation.

The following amendments, which had laid over for one year, were then read by Dr. MacCormack, of Kentucky, of the Business Committee.

Amendment to the constitution and by-laws, offered by Dr. L. B. Tuckerman, Cleveland, Ohio: Amend Section 3, Chapter VII, of the by-laws, by substituting the following:

Section 3.—*Committee on Legislation:* The Committee on Legislation shall consist of three members appointed by the president of the association for a term of three years. One member shall be a resident of Washington, D. C., one of Baltimore, and one of Philadelphia. It shall be the duty of the committee to represent before Congress the wishes of this Association regarding any proposed legislation that in any respect bears upon the promotion and preservation of the public health, or upon the material or moral welfare of the medical profession. This committee shall also invite to a conference once a year, or oftener if need be, one delegate each from the medical service of the United States Army, the United States Navy, and the Marine-Hospital Service, one from the Bureau of Animal Industry, and one from each affiliated state or territorial society; such conference to meet in Washington to consider questions of medical and sanitary legislation, and to report back to this Association and to the several state and territorial societies.

Dr. MacCormack offered as a substitute for the proposed amendment of Dr. Tuckerman the following:

Amend Section 3, Chapter VII, of the by-laws, by striking out said section and inserting in lieu thereof the following:

Section 3.—*Committee on Medical Legislation:* The Committee on Medical Legislation shall consist of three members appointed by the president, one for a term of one year, one for a term of two years, and one for a term of three years, but whose successors shall each be appointed as vacancies occur for a term of three years, and an auxiliary committee to be composed of one member from each state and territorial society represented in this Association, to be appointed annually by the president of this Association upon the nomination of such state or territorial society, and one member from the Army, Navy, and Marine-Hospital Service, to be nominated by the chief officer of these respective departments and appointed by the president of this Association. It shall be the duty of the committee to represent before Congress and elsewhere the wishes of this Association regarding any proposed legislation that in any respect bears upon the promotion and preservation of the public health or upon the material or moral welfare of the medical profession. This committee shall invite to a conference once in each year, or oftener if need be, the auxiliary committee herein created, at which shall be considered questions of national anad state legislation, with the view of uniting all of the influences of the entire profession throughout the country in support of all proper legislation and of securing uniformity in the same, so far as may be possible and expedient.

Amendment to the constitution and by-laws, offered by Dr. T. J. Happel, Tennessee:

Chapter IX, Section 7, as follows: Strike out the following words of Section 7, Chapter IX, "reprints and transactions of Sections, including its list of members, its rules of order, its list of officers, as now published, shall be paid for out of the funds of the Association, and furnished free to members of the Association."

Dr. Harris, of New York, moved that both amendments be referred to the Business Committee, with instructions to report at the afternoon session. Carried.

Scientific Research.

Under the head of unfinished business the report of the Committee on Scientific Research was read as follows:

Your committee begs to report that owing to its recent appointment no steps could be taken during this year to encourage scientific research by the utilization of the generous appropriation of the Association. The chairman and members of the committee appreciate the opportunity afforded them to influence wholesome, scientific work, and desire especially to make

it clear to the members of the House of Delegates that the failure of the committee to act has been unavoidable. Through the illness of the chairman of the committee before the appointment of the present one, no action could be taken last year. The appointment of the present committee dates from March 21, 1902. It is hoped that next year through early advertisement in the columns of the Journal applications may be received by the committee for participation in the grants established by the Association. There will doubtless be sufficient applications to permit a careful selection of scientific workers.

ALFRED STENGEL, *Chairman.*

On motion the report was accepted and the committee continued.

It was moved by Dr. H. O. Walker, Michigan, duly seconded, that an appropriation of $500 be set aside by the Board of Trustees for the Committee on Scientific Research. Carried.

National Tuberculosis Commission.

A resolution by Dr. S. A. Knopf, of New York, of the Section on Hygiene and Sanitary Science, was read, and, on motion of Dr. H. Bert Ellis, was referred to the Committee on Legislation.

The resolution is as follows:

Resolved, That in view of our knowledge that several European governments have established national governmental tuberculosis commissions and recognizing the fact that tuberculosis is likewise with us a very prevalent and a preventable disease, the Section on Hygiene and Sanitary Science recommends that the American Medical Association address an appeal requesting the proper authorities to create a United States National Tuberculosis Commission for the study, investigation and prevention of tuberculosis in man and beast.

Dentists as Associate Members.

Dr. A. E. Baldwin offered the following, which was referred to the Business Committee:

Resolved, That it shall be a standing rule of the House of Delegates that the Section on Stomatology may—under Article 3, Section 5, of the Constitution, and Chapter I, Section 7, of the By-Laws—receive as associate members each year dentists of recognized and eminent standing who shall qualify as associate members and shall pay into the Treasury of the Association $5.00, thus entitling them to the Association Journal for such year or years as they shall qualify as above.

Dr. William A. Evans offered resolutions from the Section on Physiology and Pathology, and as they involved the expenditure of money he moved that they be recommended to the Board of Trustees for favorable action. Carried.

Louisiana Purchase Exposition.

Dr. E. Eliot Harris, of New York, offered the following resolution, which was referred to the Business Committee:

Resolved, That the American Medical Association views with satisfaction the efforts that are being made by the managers of the St. Louis World's Fair to make the Exposition of 1904 the occasion for presenting to the world the most advanced medical scientific thought of the twentieth century, and that the enterprise is commended to the hearty sympathy and support of the medical profession of the United States.

International Medical Congress of 1906.

Dr. Charles A. L. Reed offered the following resolutions:

Resolved, That the American Medical Association hereby extends a cordial invitation to the International Medical Congress to hold its session for 1906 in the United States of America, at a city hereafter to be selected.

Delegates.

Resolved, That John A. Wyeth, Charles A. L. Reed, William Osler, J. B. Murphy, Raymond Gulteras, L. S. McMurtry, J. M. Matthews, Howard A. Kelly, Walter Wyman, Victor C. Vaughan, Thomas D. Coleman, Nicholas Senn, J. N. Wear, L. H. Laidley, T. H. Stucky, T. J. Murphy, N. S. Davis, Jr., E. Eliot Harris, H. V. Würdemann, Casey A. Wood, Gen. George M. Sternberg, C. J. Kipp, and George A. de Schweinitz be and are hereby appointed delegates from the American Medical Association to the International Medical Congress to be held at Madrid in 1903; that the Secretary be and is hereby instructed to issue Delegates' Certificates to such additional members as may apply for the same; and that the delegates from this Association be and are hereby instructed to carry the foregoing invitation.

The president read the names of five delegates whom he had appointed by request of the Secretary of State as delegates to the International Medical Congress as follows: Dr. Nicholas Senn, Dr. Maurice H. Richardson, Dr. George W. Crile, Dr. Richard Douglas, and Dr. Edward B. Dench.

On motion the resolutions were adopted.

Halls and Rooms for Meetings.

Dr. David C. Peyton, Indiana, offered the following resolution, which was referred to the Business Committee:

Resolved, That hereafter the ordinary and necessary expenses for halls and rooms for the General and Section Meetings, and for Registration, shall be borne by the Association, and shall be paid by the Treasurer when certified by the Chairman of the Local Committee of Arrangements, after approval by the Board of Trustees; that hereafter the ordinary and necessary expenses for the Hall of Exhibits shall be paid by the Association when certified by the Secretary of the Association and approved by the Board of Trustees, and that the Secretary shall have charge of the assignment of spaces and charges therefor, the fund thus derived to be turned into the Treasury of the Association.

Incorporation.

Dr. E. Fletcher Ingals, Chicago, was accorded the privileges of the floor. He said the articles of incorporation under which the Association had been acting for two or three years were imperfect in some respects, according to the laws of the State of Illinois. As a member of the Board of Trustees he explained the salient features of a lengthy report, which was prepared by an attorney engaged by the board, the attorney having suggested such alterations as were necessary to remedy the existing defects in the articles of incorporation.

Dr. MacCormack offered the following resolution:

Resolved, That this part of the report of the Board of Trustees be referred back to the Board of Trustees, with a view to inquiring as to the advisability of incorporation in some other state or under national law.

On motion of Dr. Harris the resolution was referred to the Business Committee, with instructions to report this afternoon.

The secretary stated that Dr. J. R. Pennington, of Chicago, made his report last evening to the general meeting, presenting the portraits of Drs. Henry O. Marcy, James F. Hibberd and Paul F. Eve, and the following resolution was passed:

Resolved, That the portraits be accepted by the Association and the Committee continued to another year.

On motion the action of the General Meeting was endorsed.

On motion the House of Delegates adjourned until 4:30 p. m.

THURSDAY, JUNE 12—FOURTH SESSION.

The House of Delegates met at 4:30 p. m., and was called to order by the President.

In the absence of Secretary Simmons, Dr. Foshay called the roll of delegates.

The reading of the minutes of the previous session was postponed.

Report of Business Committee.

Dr, MacCormack presented the report of the Business Committee, as follows:

The Business Committee refers back the report of the Committee on Association Medal, with the recommendation that this Committee be authorized to make rules of competition for the medal.

The Committee would recommend that the resolution of Dr. Knopf be referred back to the Section on Hygiene and Sanitary Science, whence it came, for further elaboration.

Regarding the resolution offered by Dr. Baldwin, Section on Stomatology, the Committee recommends that it be referred to the Committee on Relation of Dentists and Pharmacists of this Association.

On motion, these recommendations were endorsed.

With reference to the resolutions of Dr. Peyton, Indiana, in regard to the Association assuming the expenses of its own meeting, the Business Committee has been in conference with the Board of Trustees for some time, and after a full interchange of views, the Committee recommends that the resolutions be postponed until next year.

It was moved and seconded that the recommendations be postponed and referred to the Board of Trustees. Carried.

In regard to the memorial from the Academy of Medicine of Cleveland, the Business Committee recommends that the House of Delegates endorse the principles embodied in the resolutions, and the Committee recommends further that the resolutions be referred to the Section on Hygiene and Sanitary Science with the request that this Section appoint a special committee to report back to the House of Delegates at its next annual meeting.

The Business Committee recommends that the substitute proposed this morning for the printed amendment to the constitution in regard to the Committee on National Legislation be adopted.

The Business Committee recommends that the amendment offered by Dr. Happel last year be adopted.

New Committees Recommended.

The Business Committee recommends that two additional standing committees be established, to be appointed by the President, and to consist of five members each:

1. A Committee on Public Health.

2. A Committee on Medical Education.

The Committee recommends that when the House adjourns this afternoon it adjourn to meet at 9 o'clock to-morrow morning, but that it shall convene in this hall at 7 o'clock this evening as a committee of the whole for a general discussion of the methods of professional organization.

It was moved that the recommendations of the Committee be adopted. Carried.

Dr. Arthur D. Bevan, Section on Surgery and Anatomy, presented a resolution with reference to the division of fees and commissions and asked that it be referred to the Committee on Revision of the Code of Ethics.

Dr. E. Eliot Harris, New York, said there was a provision in the Code of Ethics that had been presented before a previous session of the House of Delegates which covered practically the same ground.

Dr. H. Bert Ellis, California, moved that the resolution be referred to the Committee on Revision of Code of Ethics. Seconded.

After some discussion by Dr. Moyer, it was moved that the resolution be laid on the table. Seconded.

The President put the motion to table, and it was carried, there being 36 in favor of tabling the resolution and 19 against it.

Against Voluntary National Examining Board.

On motion of Dr. MacCormack, Dr. A. Walter Suiter, Secretary of the National Confederation of Medical Examining and Licensing Boards, was given the privileges of the floor.

He said that at a meeting of the Confederation, held Monday afternoon, the subject of a "Voluntary Board of National Examiners" was discussed, and subsequently referred to a committee. This committee reported as follows:

Your committee, to whom was referred the proposition originally made and discussed in the medical press by Dr. W. L. Rodman, Philadelphia, for the establishment of a voluntary board of national examiners, with instruction to consider the same and report thereon to this Confederation as to its feasibility, begs leave to report as follows:

In the opinion of your committee, this Confederation can not endorse nor approve such a proposition for the following reasons, namely:

1. A voluntary national examining board would have no power, no authority, or legal right to exist.

2. No guarantee could be given of the continuance or permanency of such voluntary board, even were the laws of the several states so modified as to meet its requirements.

3. Being a voluntary board, there could be no legal manner of constituting, changing, or limiting its membership, or defining its duties.

4. Such a board would be representative of the profession only and of the regular profession alone.

5. Without the endorsement of a state board authorized by law to grant a license to practice, a certificate of qualification from the proposed voluntary board could have no legal value whatever; and under the existing laws of the several states, the state examining boards are required to conduct the examinations and such boards can not evade, nor surrender such duty even if they desired to do so.

6. To attempt the stupendous task of securing the passage of amendments to the existing laws regulating the practice of medicine in the several states would entail enormous labor and expense, and would probably endanger the laws themselves.

EDWIN B. HARVEY, Massachusetts,
GEORGE W. WEBSTER, Illinois,
AUGUSTUS KORNDOERFER, Pennsylvania,
EUGENE BEACH, New York,
W. A. SPURGEON, Indiana,
Committee.

On motion of Dr. Harold N. Moyer, the report was referred to the Committee on National Legislation.

Dr. Würdemann presented recommendations from the Section on Ophthalmology regarding tests of sight and hearing for railroad employes, which were referred to the Business Committee.

The Secretary read a report from the Board of Trustees recommending that a sum of not to exceed $15 be appropriated as postage for each section.

On motion the recommendation was concurred in.

Prophylaxis of Venereal Disease.

Dr. Henry D. Holton was accorded the privileges of the floor, and presented on behalf of the Sections on Hygiene and Sanitary Science, and Cutaneous Medicine and Surgery the following resolutions, and asked their adoption and the appointment of a committee:

The following resolution introduced by Dr. Ludwig Weiss of New York City, and seconded by Dr. L. Duncan Bulkley of the same city, was adopted by the Section on Cutaneous Medicine and Surgery at its meeting, June 12, 1902, and a committee, consisting of Drs. Weiss and Bulkley of New York and Dr. Frank Montgomery of Chicago, was appointed to present the same to the Section on Hygiene and Sanitary Science of the American Medical Association:

WHEREAS, There is a burning necessity to check the spread of venereal diseases, and assuming that the states can not with impunity ignore the condition, it lays in the province of the medical profession the task of recommending to the respective state legislatures and municipalities means, not regulamentative, but social, economic, educative and sanitary, in their character to diminish the danger from venereal diseases;

Resolved, That the Section on Cutaneous Medicine and Surgery of the American Medical Association invites the Section on Hygiene and Sanitary Science to co-operate with the Section on Cutaneous Medicine and Surgery to bring about a propaganda in the different states looking toward the proper recognition of the dangers from venereal diseases, and to arrange for a national meeting under the auspices of the American Medical Association for the prophylaxis of venereal diseases similar to the International Conference for the Prophylaxis of Venereal Diseases which meets again this year under the authority of the Belgian government at Brussels.

HENRY W. STELWAGON, *Chairman*.

Dr. W. H. Sanders, Alabama, offered the following in connection with the previous resolution:

Resolved, That a joint committee of six from the Sections on Hygiene and Sanitary Science and Cutaneous Medicine and Surgery be appointed by the President to stimulate study in and uniform knowledge of the subject of the prophylaxis of venereal diseases, and to present to the American Medical Association a plan for a national meeting similar to the International Conference for the Prophylaxis of Venereal Diseases, which meets again this year in Brussels under the auspices of the Government of Belgium.

On motion, these resolutions were referred to the Business Committee.

Dr. E. D. Ferguson, New York, offered the following:

Resolved, That the Board of Trustees be hereby requested to print annually in THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION a list of the names of the members by states.

On motion, this resolution was referred to the Business Committee.

The Scientific Exhibit.

The acting Secretary read the following recommendations from the Section on Physiology and Pathology concerning the Pathologic Exhibit, which had been referred to the Board of Trustees:

1. That the name be changed to "Scientific Exhibit."

2. That the Scientific Exhibit be placed in entire charge of a director, who shall be chosen by the Board of Trustees and be paid reasonable compensation in addition to his expenses.

3. That the Director shall also be the chairman of the committee in charge of the appropriation of the Association for the encouragement of research work.

4. That the exhibit be continued under the conditions suggested, and that an appropriation for its maintenance be made, at least as large as heretofore.

5. That the Secretaries of the various Sections shall constitute an advisory committee to the Director of the exhibit.

The Board of Trustees recommends the continuance of the appropriation of $400, but that the appointment of a director on a salary be deferred for this year.

On motion, the report was adopted.

Amendments Proposed.

The Secretary read the following proposed amendments to the Constitution to lie over until next year:

Amend Section 1, Article IV, of the Constitution as follows: After the word "service" at end of paragraph, add "and the officers of the Association."

Amend Section 4, Article VIII, as follows: Strike out all after the word "to" in the second line, and insert "the office of President or Vice-Presidents."

Amend Section 10, Chapter III, of the By-laws, as follows: Strike out the words "A majority" in the first line, and insert "one third."

Amend Section 1, Chapter IV, of the By-laws, as follows: Add to the section the following, "A majority of all votes cast being necessary for election."

Former Secretary Atkinson Ill.

A communication was read from Dr. J. R. Jones of Philadelphia regarding the illness of Dr. William B. Atkinson, and on motion of Dr. N. S. Davis, Jr., the President was instructed to send a message of sympathy to Dr. Atkinson.

On motion, the House of Delegates then adjourned until 9 o'clock, Friday morning.

FRIDAY, JUNE 13—FIFTH SESSION.

The House of Delegates was called to order at 9 a. m. by the President.

Place of Meeting.

Dr. S. C. Gordon, of Maine, chairman of the Nominating Committee, said that several invitations had been received inviting the Association to hold its next meeting in New Orleans, La. He therefore moved to reconsider the action of the Committee on Place of Meeting. Carried.

He then moved that New Orleans be substituted for Hot Springs. Seconded.

After some discussion by Drs. D. C. Peyton of Indiana and H. A. West of Texas, the substitute was carried by a very large majority.

The next thing in order being the election of officers, the President appointed as tellers Drs. R. Harvey Reed of Wyoming and William Britt Burns, Section on Practice of Medicine. The ballots cast resulted in the election of the officers named by the Nominating Committee in the third session, Thursday morning, and the selection of New Orleans as the place for holding the next annual meeting.

The President declared the officers duly elected.

Dr. John B. Roberts, Philadelphia, presented his resignation as a member of the Judicial Council, and asked that it be accepted.

On motion of Dr. R. Harvey Reed of Wyoming the resignation was laid on the table.

On motion of Dr. J. N. MacCormack of Kentucky the thanks of the House of Delegates were tendered to the delegation from Arkansas for their kind and courteous invitation in inviting the Association to hold its next annual meeting at Hot Springs, with the regret that it was inexpedient to accept it.

Dr. William S. Foster, Pennsylvania, moved the adoption of the following resolution:

Resolved, That the sum of four hundred dollars, or so much thereof as may be necessary, be hereby appropriated to pay the traveling and other necessary expenses of the Committee on Organization, upon accounts presented by the members thereof, to the Board of Trustees. Carried.

Dr. MacCormack read the report of the Business Committee:

The Business Committee recommends that arrangements be so made at the next annual session that the House of Delegates shall hold its first meeting at 8 p. m. of the day preceding the first day of the General Meeting, in some commodious and centrally-located hall.

It recommends that before final adjournment to-day a new Business Committee be selected from the hold-over delegates to serve through the next annual session.

Dr. H. A. West of Texas moved that the recommendations of the Business Committee be adopted. Seconded and carried.

Dr. J. N. MacCormack, Kentucky—The Business Committee has a supplementary report to make. It recommends that the resolutions offered by Dr. W. H. Sanders and Dr. Henry D. Holton, from the Sections on State Medicine and Sanitary Science, and Cutaneous Medicine and Surgery be adopted, and that authority be given for the appointment of the committees mentioned and action asked for.

On motion of Dr. West, the report was adopted.

Dr. MacCormack—The Business Committee recommends that the resolution which came from the Section on Ophthalmology be referred back to that Section, with the request that a conference be held with the leading railway surgeons who have had a large experience, and report next year.

Dr. H. A. West of Texas moved the adoption of the recommendation. Carried.

Dr. P. Maxwell Foshay of Ohio reported on behalf of the Business Committee, stating that the Committee had held a conference with the Board of Trustees in reference to articles of incorporation. The Committee had gone over the points of conflict, and had found that the changes proposed by the attorney for the Board of Trustees were not such as to cause any real disability to the operation of the new method of organization. He indicated what these changes were, and urged that they be adopted.

On motion of Dr. R. Harvey Reed of Wyoming the report was adopted.

Dr. E. D. Ferguson of New York offered the following:

Resolved, That the present Constitution and By-laws, up to and including the amendments made yesterday, or as amended under pending amendments at the annual session of 1903, be regarded in the conduct of business in this House of Delegates as the rules of order and standing rules until the verbal changes authorized in the Constitution and By-laws cease to be legally necessary, and are changed again to correspond with such rules of order and standing rules thus provided.

On motion of Dr. H. A. West of Texas the resolution was adopted.

Dr. Harold N. Moyer, Section on Nervous and Mental Diseases, offered the following:

Resolved, That when we adjourn this meeting, we adjourn to meet in the library room, 103 State Street, Chicago, Ill., Monday, June 16, at 5 p. m.

Resolved, That at such adjourned session no business shall be transacted excepting ratification of the work heretofore done.

On motion, the resolutions were adopted.

Dr. R. Harvey Reed of Wyoming moved a reconsideration of the action on the report of the Business Committee regarding examination of railway employes, which had just passed. Carried.

Dr. H. V. Würdemann, Section on Ophthalmology, read the following resolution:

Resolved, That the committee on examination of eyes and ears of railroad employes (from the Section on Ophthalmology) be instructed to bring the resolution of the American Medical Association in reference to the examination of eyes and ears of railroad employes before the railroads of the United States in every manner possible, and that the Editor of THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION be instructed to print two thousand copies of the resolution and to send the same by mail, or otherwise, to addresses which may be furnished him.

Dr. Reed of Wyoming then moved that the resolution be deferred, and that three or more competent railroad surgeons be called in conference with the committee and report next year. Seconded.

After considerable discussion, the motion was put, declared lost, and the original motion to adopt was carried, there being 24 for and 16 against the adoption of the resolution.

Date of Meeting in 1903.

The next order of business was fixing the time of meeting.

Dr. MacCormack of Kentucky moved that the next meeting be held at such time as may be fixed by the incoming President and Secretary, after consultation with the Committee of Arrangements at New Orleans, the suggestion being made, however, that, if possible, it be between May 1 and 15. Carried.

Committee on Membership.

Dr. Wm. T. Bishop, Pennsylvania, read the report of the Committee on Membership as follows:

Resolved: 1. That the Secretary of the Association shall complete the verification of the list of members on the plan already begun, and obtain, so far as possible, correct information from the members themselves and from other sources as to the qualification of every person who now claims membership in this Association.

2. That all those who now claim membership, and who are not eligible according to our laws shall be notified by the Secretary of such fact, and that they must furnish satisfactory evidence of their qualification for membership as required by our laws on or before January 1, 1903.

3. That not later than March 1, 1903, the Secretary is directed, after notification, to drop from the roll of members all who are not eligible to membership in this Association.

4. That the word "local" in line 9, section 3, chapter I, of the By-laws, shall be construed, in this connection, to apply to the state organization, or one of its recognized branches of the state in which the person holds his legal residence.

5. That a member of this Association removing from one county or state to another may continue to hold his membership in this Association for a period not to exceed two years, without joining an affiliated society in his new place of residence, provided, however, that during this time he retains his original membership in the county or state society from which he removed.

Dr. Bishop moved the acceptance of the report and concurrence in the recommendations. Carried.

Dr. William H. Welch of Maryland moved that a special committee of five be appointed by the President to consider the

questions of a National Examining Board for License to Practice and of Interstate Reciprocity, and all other matters relating to these allied subjects, and that the resolutions presented to the House of Delegates by the National Confederation of State Medical Examining and Licensing Boards be referred to this committee; that this committee report to the House of Delegates at the next annual meeting.

Dr. MacCormack of Kentucky seconded the motion, and in addition moved that the recommendations which came from the confederation be referred to the same committee.

Dr. Welch accepted the amendment and the motion as amended was carried.

Dr. W. H. Sanders, Alabama, said that on Wednesday he submitted a series of propositions to the House of Delegates, which were referred to the Committee on Medical Legislation. He said he had a right to expect that some action be taken in regard to these propositions, and he therefore called for the reading of them.

Dr. George M. Kober of the District of Columbia moved that inasmuch as the propositions submitted by Dr. Sanders had been referred to the Committee on Legislation, that the House of Delegates give no expression in regard to them until the Committee was heard from. Carried.

Dr. H. O. Walker, Michigan, moved that the Business Committee for the ensuing year consist of Drs. Harold N. Moyer, Section on Mental and Nervous Diseases; William S. Foster, Pennsylvania; Charles A. L. Reed, Ohio; T. J. Murray, Montana, and H. A. West, Texas. Seconded and Carried.

Dr. Osborne, Section on Materia Medica, Pharmacy and Therapeutics, moved that the recommendations made by Dr. Charles S. Rodman of Connecticut in regard to medical practice acts, at a previous session of the House of Delegates, which were referred to the Committee on Legislation, be taken from that Committee and referred to the new committee of five to be appointed in accordance with the resolution of Dr. Welch. Carried.

Dr. Arthur D. Bevan, Section on Surgery and Anatomy, presented the following:

Resolved, That the House of Delegates recommend the adoption by the county medical societies in affiliation with this body, the following resolution:

Resolved, That any member of the county medical society proven guilty of division of fees, either the giving or the receiving of a part of a fee without the full knowledge of the patient, be held guilty of misconduct, for which he may be expelled from the county medical society.

He moved that this be the sense of the House of Delegates. Seconded by Dr. Walker and carried.

Dr. Floyd W. McRae, Georgia, offered the following:

Resolved, That it is the sense of the House of Delegates that it is unprofessional to electioneer in any way for any office or position in the gift of the American Medical Association, and that in future all such efforts will be discountenanced in every way.

Resolved, further, that this resolution be printed in THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. Seconded.

Dr. P. Maxwell Foshay, Ohio—I have drawn a similar resolution in conjunction with Dr. MacCormack, and wish to say, before presenting it, that the House of Delegates of the American Medical Association is a legislative body that is truly representative of the American medical profession. For all time to come the House must be conducted with parliamentary form and proper dignity in keeping with its status as a deliberative assembly speaking for a learned profession. It must ever keep in mind its dual functions of encouraging scientific research and of guarding the material interests of the medical profession. The history of our Association is one of splendid accomplishment under adverse conditions. The resolution herewith offered is not submitted in any spirit of criticism of either the near or remote past, but wholly as a declaration addressed to the future, to establish beyond question in one small but important particular, the determination of this assembly to fitly represent the highest aims of modern medicine. In the firm belief that "the office should seek the man," and that nothing less is in accord with the high aims of our profession, we ask this assembly thus to declare its purpose:

Resolved, That it is the sense of the House of Delegates of the American Medical Association that the solicitation of votes for office is not in keeping with the dignity of the medical profession, nor in harmony with the spirit of this Association, and that such solicitation shall be considered a disqualification for election to any office in the gift of the Association.

I move that the resolution be substituted for the one offered by Dr. McRae. Seconded.

Dr. McRae accepted the substitute, and it was carried.

Dr. N. S. Davis, Jr., Section on Hygiene and Sanitary Science, offered the following amendment:

Moved, to omit from Chapter IX, Section 3, of the By-laws, the last sentence.

Dr. J. N. MacCormack, Kentucky, moved to amend Section 3, Article IX of the By-Laws by striking out the words "Each section shall elect annually two representatives to the House of Delegates," and insert in lieu thereof the following:

Each Section shall have the privilege of sending to the House of Delegates one delegate for every five hundred members registered in such Section at the annual session at which such delegate is elected, and one for any additional fraction of that number; but each section shall be entitled to at least one delegate.

Dr. MacCormack moved to amend Section 5, Chapter III of the By-Laws, by repealing said section.

The Secretary announced the Committee on Medical Legislation, which was appointed by the President, as follows:

Drs. R. M. Cunningham, Ensley, Alabama; William Duffield, Phœnix, Ariz.; C. R. Shinault, Helena, Ark.; George H. Evans, San Francisco, Cal.; Charles S. Rodman, Waterbury, Conn.; H. L. E. Johnson, Washington, D. C.; R. D. Murray, Key West, Fla.; T. D. Coleman, Augusta, Ga.; L. P. McCalla, Boise, Idaho; Carl E. Black, Jacksonville, Ill.; W. N. Wishard, Indianapolis, Ind.; B. F. Fortner, Vinita, I. T.; H. B. Young, Burlington, Iowa; Clarence A. McGuire, Topeka, Kan.; J. N. MacCormack, Bowling Green, Ky.; Edmond Souchon, New Orleans, La.; E. McE. Van Ness, Baltimore, Md.; James F. A. Adams, Pittsfield, Mass.; Charles E. Hooker, Grand Rapids, Mich.; H. M. Bracken, Minneapolis, Minn.; William M. Paine, Aberdeen, Miss.; F. W. McGrimmon, Butte, Mont.; J. W. Parsons, Portsmouth, N. H.; J. E. Pickard, Virginia City, Nev.; Philip Marvel, Atlantic City, N. J.; G. W. Harrison, Albuquerque, N. M.; E. Eliot Harris, New York City; Richard H. Lewis, Raleigh, N. C.; H. A. Beaudoux, Fargo, N. D.; N. R. Coleman, Columbus, Ohio; S. E. Josephi, Portland, Ore.; John B. Roberts, Philadelphia, Pa.; Gardiner T. Swarts, Providence, R. I.; E. F. Parker, Charleston, S. C.; T. J. Happel, Trenton, Tenn.; J. D. Osborne, Cleburne, Tex.; A. C. Ewing, Salt Lake City, Utah; H. D. Holton, Brattleboro, Vt.; E. T. Brady, Abingdon, Va.; J. B. Engleson, Seattle, Wash.; W. P. Goff, Clarksburg, W. Va.; and U. O. B. Wingate, Milwaukee, Wis.

The Secretary presented the following resolution, which was adopted at the fourth meeting of the Section of Materia Medica, Pharmacy and Therapeutics:

Resolved, That a rule should be adopted to govern future sessions of this Association, instructing exhibitors to limit the distribution of samples and advertising matter to persons wearing the official badges of the Association.

It was moved and seconded that this resolution be adopted. Carried.

The Secretary read the following from the same section:

The Section on Materia Medica, Pharmacy and Therapeutics, at its fifth meeting, unanimously endorsed the inclosed bill, H. R. 123, report, No. 1703, "To adopt the weights and measures of the metric system," as the standard weights and measures in the U. S., and asked its reference to the Association, and, if approved, its immediate transmission to the Congress now in session.

Dr. N. S. Davis, Jr., Section on Hygiene and Sanitary Science, moved that the resolution be adopted, and that it be referred to the Committee on Medical Legislation, with instructions to push its adoption by Congress. Carried.

Dr. William S. Foster, Pennsylvania, offered the following resolutions of thanks:

Resolved, That the thanks of the Association are extended to Dr. George F. Comstock, Chairman of the Committee of Arrangements, and his associates, for their careful and efficient preparation for this meeting.

Resolved, That the thanks of the Association be extended to the citizens of Saratoga Springs;

Resolved, That in view of the fact that a committee of ladies of Saratoga has provided so delightful an entertainment for the visiting ladies of the American Medical Association, a vote of thanks is due and hereby cordially tendered them; therefore, be it

Resolved, That the visiting ladies of the American Medical Association do hereby express their thanks for, and appreciation of, the kindness and courtesy shown them, and for the delightful entertainments provided for them by the ladies of Saratoga during the days of the Association.

On motion the resolutions were unanimously adopted.

The President announced the following committees:

Committee on Reciprocity.—Drs. W. L. Rodman, Philadelphia, Pa.; William H. Welch, Baltimore, Md.; Joseph M. Mathews, Louisville, Ky.; Henry Beates, Jr., Philadelphia, Pa., and T. J. Murray, Butte, Mont.

Committee on Public Health.—Drs. Charles O. Probst, Columbus, Ohio; J. N. Hurty, Indianapolis, Ind.; W. H. Sanders, Mobile, Ala.; H. A. West, Galveston, Tex., and Dr. W. C. Gorgas, U. S. Army.

Committee on Medical Education.—Drs. Arthur D. Bevan, Chicago, Ill.; F. W. McRae, Atlanta, Ga.; Rudolph Matas, New Orleans, La.; R. A. Marmion, U. S. Navy, and C. A. Daugherty, South Bend, Ind.

Committee on Prophylaxis of Syphilis.—Drs. Henry D. Holton, Brattleboro, Vt.; George M. Kober, Washington, D. C.; W. H. Sanders, Mobile, Ala.; Ludwig Weiss, New York City; L. D. Bulkley, New York City, and Frank H. Montgomery, Chicago, Ill.

Committee on Credentials and Registration.—Drs. George H. Simmons, Chicago, Ill., chairman; P. Maxwell Foshay, Cleveland, Ohio, and H. O. Walker, Detroit, Mich.

There being no further business to come before the House of Delegates, the President thanked the members of the House for their consideration and courtesy toward him. He said he wanted to say this much in regard to the Association as the retiring President: "It stands to-day in a position of prominence that it has heretofore never achieved, and in the spirit of progress and of reconciliation I think I can see for it in the future a greatness that probably none of us yet have dreamed of. I hope we will all work to that end, and that any prejudices which may have been instilled into us by early associations will be dissipated, and that we will go out from the House of Delegates as leaven that will have its effect upon the whole loaf. I have to thank you from the bottom of my heart for your kindness to me." [Applause.]

Dr. L. S. McMurtry, Kentucky, moved that the thanks of the House of Delegates be tendered to the President, Dr. Wyeth, for the ability and courtesy with which he had discharged his duties. Seconded and carried by rising vote.

The House of Delegates then adjourned *sine die.*

The following constituted the House of Delegates:

List of Delegates.

Alabama—W. H. Sanders, Mobile; W. M. Wilkerson, Montgomery; W. G. Harrison, Talladega.
Arizona—W. H. Ward, Phoenix.
Arkansas—James A. Dibrell, Little Rock.
California—H. Bert Ellis, Los Angeles.
Colorado—C. K. Fleming, Denver.
Connecticut—Charles S. Rodman, Waterbury; Charles E. Brayton, Stonington.
Delaware—Willard Springer, Wilmington.
District of Columbia—George M. Kober, Washington.
Florida—R. D. Murray, Key West.
Georgia—Floyd W. McRae, Atlanta; Thos. D. Coleman, Augusta.
Idaho—
Illinois—J. L. Wiggins, East St. Louis; O. B. Will, Peoria; John T. McAnally, Carbondale; D. R. Brower, Chicago; H. Hatch, Quincy; J. B. Murphy, Chicago; George N. Krider, Springfield; George W. Webster, Chicago.
Indian Territory—
Indiana—David C. Peyton, Jeffersonville; G. W. H. Kemper, Muncie; William N. Wishard, Indianapolis; Edwin Walker, Evansville.
Iowa—George F. Jenkins, Keokuk; J. R. Guthrie, Dubuque,
Kansas—
Kentucky—J. N. MacCormack, Bowling Green; Thomas Hunt Stucky, Louisville.
Louisiana—
Maine—Seth C. Gordon, Portland.
Maryland—William Osler, Baltimore; W. H. Welch, Baltimore.
Massachusetts—Horace E. Marion, Boston; Chas. H. Williams, Boston; J. F. A. Adams, Pittsfield.
Michigan—H. O. Walker, Detroit; Victor C. Vaughan, Ann Arbor.
Minnesota—A. W. Abbott, Minneapolis.
Mississippi—J. C. Hall, Anguilla.
Missouri—
Montana—T. J. Murray, Butte.
Nebraska—B. B. Davis, Omaha.
New Hampshire—Ira J. Prouty, Keene.
New Jersey—Charles J. Kipp, Newark; Luther M. Halsey, Williamstown; Philip Marvel, Atlantic City.
New Mexico—George C. Bryan, Alamogordo.
New York—E. D. Ferguson, Troy; E. Eliot Harris, New York City; C. A. Wall, Buffalo.
Nevada—
North Carolina—Jas. A. Burroughs, Asheville.
North Dakota—I. N. Wear, Fargo.
Ohio—P. Maxwell Foshay, Cleveland; Charles A. L. Reed, Cincinnati; Frank Warner, Columbus.
Oklahoma Territory—
Oregon—Andrew C. Smith, Portland.
Pennsylvania—A. P. Hull, Montgomery; Webster B. Lowman, Johnstown; George W. Guthrie, Wilkes-Barre; William S. Foster, Pittsburg; John B. Roberts, Philadelphia; H. S. McConnell, New Brighton; William T. Bishop, Harrisburg.
Rhode Island—John Champlin, Westerly.
South Carolina—George R. Dean, Spartanburg.
South Dakota—J. L. Stewart, Irene.
Tennessee—G. C. Savage, Nashville.
Texas—H. A. West, Galveston.
U. S. Army—D. M. Appel.
U. S. Marine Hospital Service—Walter Wyman.
U. S. Navy—R. A. Marmion.
Utah—J. C. E. King—Salt Lake City.
Vermont—D. C. Hawley, Burlington.
Virginia—J. R. Gildersleeve, Tazewell; Landon B. Edwards, Richmond; E. G. Williams, Richmond.
Washington—P. W. Willis, Seattle.
West Virginia—L. D. Wilson, Wheeling.
Wisconsin—W. T. Sarles, Sparta; J. R. Barnett, Neenah.
Wyoming—R. Harvey Reed, Rock Springs.

Sections.

Cutaneous Medicine and Surgery—William T. Corlett, Cleveland, Ohio.
Diseases of Children—A. C. Cotton, Chicago; S. W. Kelley, Cleveland, Ohio.
Hygiene and Sanitary Science—S. G. Bonney, Denver, Colo.; N. S. Davis, Jr., Chicago.
Laryngology and Otology—Emil Mayer, New York, N. Y.; George C. Stout, Philadelphia, Pa.
Materia Medica, Pharmacy and Therapeutics—O. T. Osborne, New Haven, Conn.; A. B. Lyon, Detroit, Mich.
Nervous and Mental Diseases—Harold N. Moyer, Chicago; H. A. Tomlinson, St. Peter, Minn.
Obstetrics and Diseases of Women—William H. Humiston, Cleveland, Ohio; Lewis S. McMurtry, Louisville, Ky.
Ophthalmology—H. V. Würdemann, Milwaukee, Wis.; J. A. Lippincott, Pittsburg, Pa.
Physiology and Pathology—William A. Evans, Chicago.
Practice of Medicine—W. Britt Burns, Memphis, Tenn.; J. M. Anders, Philadelphia, Pa.
Stomatology—G. V. I. Brown, Milwaukee, Wis.; A. E. Baldwin, Chicago.
Surgery and Anatomy—Arthur D. Bevan, Chicago.

GENERAL SESSIONS.

WEDNESDAY, JUNE 11, 7:30 P. M.—SECOND MEETING.

The meeting was called to order by the President. He introduced Dr. Frank Billings, Chicago, who delivered the Oration on Medicine.

On motion of Dr. E. F. Ingals, Chicago, a vote of thanks was extended to Dr. Billings for his instructive and admirable address.

DR. J. RAWSON PENNINGTON, Chicago, chairman of Committee on Portraits of ex-Presidents, presented the following report:

Mr. President, your Committee has been assiduous in its efforts to secure the portraits of ex-Presidents of the American Medical Association. The responses have been encouraging and lead to the hope that within the next few years the Association will be able to adorn its present home in Chicago with the memorials of those who have given their best efforts to the Association, and whom the Association has in turn honored with its highest office.

Of the several portraits that are in preparation those of Dr. Paul F. Eve, deceased, President in 1857; Dr. Henry O. Marcy, President in 1892, and Dr. James F. Hibberd, President in 1894, have been received, and will now be formally presented to the Association by gentlemen who have been selected for this purpose.

Presentation of Portrait of Dr. Paul F. Eve.

Dr. Lewis S. McMurtry, Louisville, Ky., said:

Mr. President: It has been a custom of our profession since the earliest times to preserve some personal memento of those whose labors have enriched medical science. In the archives of the medical societies of London, Edinburgh, Paris and other centers of medical learning will be found the portraits and papers of the immortals of our profession. It is a

most worthy custom. In our American Hall of Fame it is eminently appropriate that a conspicuous place be conceded to the portrait of Paul F. Eve, of Nashville, Tenn. A great teacher and practitioner of surgery, he advanced the knowledge and molded the practice of the American profession in the middle decades of the nineteenth century. He labored incessantly with tongue, pen and scalpel to enrich the fund of scientific knowledge and to promote its diffusion among American physicians and surgeons. He was modest; he was gentle and kind; he was brave and true, and imbued throughout his career with one earnest purpose—to advance science and mitigate suffering. He was the tenth President of the American Medical Association and presided over its deliberations in 1854. Of his numerous valuable contributions to medical literature, his work entitled "Remarkable Cases in Surgery" will ever remain among the choicest of medical classics. His life was an unbroken series of laborious years. His name and fame are perpetuated in his old home by his two distinguished sons, Drs. Duncan and Paul F. Eve, of Nashville, Tenn., both eminent teachers and practitioners of surgery. [Applause.]

Presentation of Portrait of Dr. Henry O. Marcy.

Dr. W. A. Evans, Chicago, said:

Mr. President, Ladies and Gentlemen: It is proper that, a better organization accomplished, we pause and look back over our career since its somewhat nebulous beginning in this state more than half a century ago. It is not only proper, but wise, for hope, for posterity lies close to pride of ancestry. When the children of Israel looked from the mountains into the promised land they gave some time to the consideration of the way along which they had come. We have been a great, wild, loose force and many master minds have worked to co-ordinate us. Amongst those who have labored to convert these possibilities into potentialities is a certain ex-President, born in New England in 1837. Whilst he was born in New England, he was also born of New England. The race finding incentive to do in the difficulties that the land presented, such environment has taught them that no opposition is insurmountable. He has found more than the usual lot of opposition; it has only served to goad his endeavor. A great scientist, yet a good citizen; a forceful organizer, yet a human man, and a Christian gentleman; one wishes to say to him as said Ruth to Naomi: "Whither thou goest, I will go; thy people shall be my people, and thy God my God."

Ladies and gentlemen, in behalf of his family and friends, I present you this portrait of your President in 1892, Henry O. Marcy, of Boston. [Applause.]

Dr. Marcy, being present, was called for, and made one of his happy speeches.

Presentation of Portrait of Dr. Hibberd.

Dr. Charles A. L. Reed, Cincinnati, spoke as follows in presenting the portrait of Dr. James F. Hibberd:

The task that has been imposed upon me by your Committee is exceedingly agreeable, because it gives me an opportunity to speak, not only of a venerable and venerated friend, but one who must be accepted as the highest type of our profession—a general practitioner. He came of a worthy lineage and in his veins courses the blood of a meek people, who, landing on the shores of the Delaware, said to the red man: "Peace to thee and thine." It was well on to a century ago that he was born; it was in 1816, in the historic county of Frederick in Maryland. And when he attained his youth he was sent down the Potomac to the beautiful city of Alexandria, there to study under the shadow of the Capitol and amid scenes hallowed by footprints of patriots. Thence, a little later, he for a year strolled beneath the elms and breathed deeply the academic atmosphere of old Yale; and before the century had run half its course he won his doctorate in medicine from that great institute of learning, the College of Physicians and Surgeons of New York. His professional career began in the great forest, now no more, but that then stretched vast and verdant and ombrous from the Allegheny mountains to the prairies. During the period of his residence in this part of what is now the Middle West, he showed that he was more than a mere doctor by serving three years in the Ohio Legislature. For a year he sailed the high seas, a surgeon on a ship. Then came the Mexican war, followed by the acquisition of California, and we find the young doctor, the young legislator, in the added rôle of the Argonaut. There on the golden strand of the Pacific he is discovered giving his beneficent skill to the hardy pioneer, and with his broad humanity and his great intelligence helping to fashion the splendid society that to-day adorns our western metropolis. After seven years of this experience he returned again to the Middle West and found congenial life where the Friends had gathered from the East and from the South and had built a college and around it a city. But the quietude of this life was soon interrupted by a call to professorial labors in that great institution of learning, the Medical College of Ohio, now the Medical Department of the University of Cincinnati. It was the beginning of the "sixties," and into that lecture room there came a discordant note—it was the first alarm of that fratricidal strife that presently convulsed the country. There was no hesitation. The blood of them that fashioned the Republic now coursed with militant impulses through the veins of the Quaker. The office, the lecture room, home itself were deserted for the long march, the bivouac, the hospital, the field of carnage—for Stone River and Murfreesborough, and there gave of his own blood to the vicarious offering on the altar of Liberty and Union. But when peace again came with its blessings, the doctor, the legislator, the Argonaut, the traveler, the soldier, returned to the quiet pursuits of his profession, only to be rewarded by the organized profession of the great state of Massachusetts with a prize for an essay. It was on "The Part Taken by Nature and Time in the Cure of Disease," and in diction and research and advanced thought it was worthy a Sydenham and a Hilton.

But the doctor was still something more than a doctor; he was the leading citizen of his city, over whose interest he was elected to preside as chief executor and guardian of those about him; he protected them by administering the health laws of his state within his county for the long period of eighteen years. But in the midst of all he went to the societies and wrote articles able and strong. The University of his state, seeing his work, invested him with the Doctorate of Laws, and then, nine years ago, this Association, the organized body of the profession he yet honors and loves, laid its laurel wreath upon his brow. There was a certain charm in the fact that after more than forty years the humble Argonaut of '49 should return to the Golden Gate laden with the most conspicuous honors of his profession. And now, in the enjoyment of a peaceful old age, with faculties all alert, this father—no, this elder brother of ours, sends his greetings to a reunited profession. I now have the pleasure of lifting the veil from the portrait of James Farquhar Hibberd, of Richmond, Ind. [Applause.]

Dr. William A. Evans moved that the portraits be received and the committee continued. Carried.

THURSDAY, JUNE 12, 7:30 P. M.—THIRD MEETING.

Dr. J. M. Emmert, Atlantic, Iowa, delivered the Oration on State Medicine. A vote of thanks was extended to Dr. Emmert for his address.

FRIDAY, JUNE 13, 12 M.—FOURTH MEETING.

The General Meeting was called to order by the President.

The Secretary presented a summary of the proceedings of the House of Delegates, including the officers elected for the ensuing year.

The next business in order was the installation of officers. The retiring President, Dr. Wyeth, said: "The King is dead; long live the King! I introduce to you your new President, Dr. Frank Billings of Chicago." [Applause.]

Dr. Billings, in accepting the Presidency, said:

I can not express in words my feelings at this moment. I would that words could express what my heart feels! I have had conferred upon me what I consider the greatest honor in the gift of the medical fraternity of America. There is no greater body of men and women than the members of the American Medical Association, and to be chosen President of such an organization should be the fulfillment of the ambition of any man. Again, this position has been held by some of the most eminent men of this country. When one follows these eminent men, it must be a source of pride, and it is to me.

The reorganization of this Association, which occurred last year, has had its successful beginning at this meeting, and the success of this meeting is due, in great measure, to the earnest work done by him who has preceded me. He has set a pace, a mark, for me to follow. Without your help I can do nothing. With it I can carry on, with the aid of the great men in this Association, much. I therefore bespeak your help. [Applause.]

Dr. Foshay offered the following:

Resolved, That when we adjourn this meeting, we adjourn to meet in the library room, 103 State Street, Chicago, Monday, June 16, at 5 p. m.

Resolved, That at such adjourned session no business shall be transacted excepting ratification of the work heretofore done.

On motion the resolutions were adopted.

Adjourned.

Societies.

COMING MEETINGS.

Medical Society of New Jersey, Atlantic City, June 24-26, 1902.
Washington State Medical Society, Tacoma, June 24-26, 1902.
Michigan State Medical Society, Port Huron, June 26-27, 1902.
Medical Association of Nevada, Virginia City, July 7, 1902.
American Ophthalmological Society, New London, Conn., July 16, 1902.

Caldwell County (Mo.) Medical Society.—The physicians of the county met at Kingston, June 2, and organized a medical society, with Dr. Benjamin F. Carr, Polo, president, and Dr. William Shouse, Kingston, secretary.

Albert Lea District Medical Society.—The third annual meeting of this Society was held in Albert Lea, Minn., May 20. The following officers were elected: Dr. Albert C. Wedge, Albert Lea, Minn., president; Drs. Peter H. Vesterborg, Forest City, Iowa, William L. Palmer, Glenville, Minn., and Ferdinand A. Christensen, Lake Mills, Iowa, vice-presidents; Dr. Hamilton H. Wilcox, Albert Lea, Minn., secretary, and Dr. John P. von Berg, Albert Lea, Minn., treasurer.

Chickasaw Medical Association.—This Association, at its fifth semi-annual session at Ardmore, I. T., May 22, elected Dr. James W. Gilbert, Roff, president; Drs. John R. Runyan, Ada, H. P. Wilson, Wynnewood, and John W. Smith, Ardmore, vice-presidents, and Dr. Edgar E. Chivers, Earl, secretary and treasurer, and discussed the recent act of the Chickasaw legislature requiring all physicians of this nation to be examined before a medical board appointed by the governor, and for such examination to pay a fee of $25, but action was deferred until the legality of the law could be inquired into. Wynnewood was selected as the next place of meeting.

Arizona Medical Association.—The tenth annual meeting of this Association was held in Tucson, May 28 and 29, under the presidency of Dr. Hiram W. Fenner of that city. The following officers were elected: Dr. William Duffield, Phoenix, president; Drs. William V. Whitmore, Tucson, Arthur W. Olcott, Tucson, and Logan D. Dameron, Phoenix, vice-presidents; Dr. Charles H. Jones, Tempe, secretary, and Dr. William N. Bell, Wickenburg, treasurer. The Association will meet next year in Phoenix. It has adopted the rules and by-laws of the American Medical Association, making eligible to membership all regular physicians who do not classify themselves under creeds. The tendency in this Association is to unify the practice of medicine.

Association of Surgeons of the Southern Railway Company.—The seventh annual meeting of this Association was held in Washington, D. C., June 5, 6 and 7, Dr. Thomas H. Hancock, Atlanta, Ga., in the chair. In his address, the president advocated a strict physical examination of every employe of the road and asserted that a mere examination of employes for color blindness and deafness was not sufficient, but that every muscle and organ of each man should be subjected to a thorough inspection. The following officers were elected: Dr. Rhett Goode, Mobile, Ala., president; Drs. T. P. MacMahan, Illinois, and Matthew W. O'Brien, Alexandria, Va., vice-presidents, and Dr. J. J. Harrison, London, Tenn., secretary and treasurer. The next convention will be held in Old Point Comfort, Va., in June, 1903.

American Laryngological, Rhinological and Otological Society.—The eighth annual meeting of this Society was held in Washington, D. C., June 2, 3 and 4. The opening session was held at the Cosmos Club, when an address of welcome was delivered by Surgeon-General George M. Sternberg of the U. S. Army. In his presidential address Dr. Charles W. Richardson, Washington, deplored the superficial preparation of many young men who begin the practice of specialties, and urged that the fellows of the Society do all in their power to encourage the thorough education of persons who are to take up some specialty. He said that general practice is the best possible preparation for men who desire to specialize, and deplored the tendency of young physicians to take up some special branch of medicine or surgery before they have acquainted themselves thoroughly with general practice. The election of officers resulted as follows: Dr. Joseph A. Stucky, Lexington, Ky., president; Drs. Marshall R. Ward, Pittsburg, Pa.; Lewis C. Cline, Indianapolis, Ind.; Dunbar Roy, Atlanta, Ga., and Patrick F. Gildea, Colorado Springs, Colo., vice-presidents and chairmen of sections; Dr. Wendell C. Phillips, New York City, secretary, and Dr. Ewing W. Day, Pittsburg, Pa., treasurer. The next meeting will be held in Lexington, Ky. The Society was received by President Roosevelt on the afternoon of June 3, and the annual banquet was held at the New Willard on the evening of the same day.

AMERICAN ACADEMY OF MEDICINE.

Twenty-Seventh Annual Meeting, held at Saratoga Springs, N. Y., June 7 and 9, 1902.

The President, Dr. V. C. Vaughan, Ann Arbor, Mich., in the Chair.

Medical Licensure.

A proposition to amend the constitution whereby the payment of the sum of $20 at one time would free a member from the payment of any subsequent annual dues was carried.

DR. EDWARD JACKSON submitted the report of the Committee on the Investigation of Reciprocity in Medical Licensure, which is identical with the report of a similar committee to the American Medical Association given in this issue. This report was referred to the council.

The report of the secretary on the "Results of the Examinations for Medical Licensure for 1901," which was next given, was a tabulation of the examinations before the various state boards of medical examiners arranged in each state by colleges showing the number passing and the number failing in each college, and under each college showing the number of graduates of that college passing or failing in each state.

"The Personal Equation in Marking Examination Papers," by Dr. Charles McIntire, gave some facts to determine the validity of objections to reciprocity. A series of questions, with their answers, selected at random and from students of various systems of practice, were submitted to a number of examiners. The paper tabulates the results of the markings.

DR. VAUGHAN said that it was gratifying that the markings by the state examining boards and the colleges were so close. Much was heard of the charge that the state boards are more exacting and try to cut down the number of those entitled to practice medicine on the "trades union" line, but here was shown a tabulation showing that the marks of the state boards were fully as liberal as those of the colleges.

Alcohol Not a Food.

The afternoon session was opened by the paper of Dr. Knopf of New York on "The Family Physician of the Past, Present and Future." The paper incidentally referred to alcohol, and a warm discussion arose as to whether it was to be considered a food.

MR. TAYLOR, of the Board of Regents of New York, said that in a recent discussion the views of Professor Atwater of Wesleyan University were diametrically opposed to those of Mrs. Hunt, a leader of the Women's Christian Temperance Union, and he desired to know the judgment of the academy.

DR. DIDAMA said he had been present at the discussion referred to by Mr. Taylor. The majority of those who favored Professor Atwater's views were teachers who felt that they had already too many studies to teach, and did not want to add to them the teaching of temperance and physiology. Professor Atwater's statements had been answered by Mrs. Hunt. Quotations had been made from some of the most prominent authorities from abroad and Professor Atwater had gone away with the opinion of the people against him—except some of the teachers who wanted to teach less and some who themselves wanted to drink.

DR. W. S. HALL said the whole matter rested on the definition of a food. If we define a food as a substance which is oxidized within the body, then there is nothing more to say about it. Because a substance possesses characteristics similar to another substance, it is not justifiable to conclude that it is to be classed with that other substance. It is not until we take into consideration the whole influence of alcohol that we see the many reasons why it should not be classed as a food.

This discussion led to a resolution by Dr. Cross that in the opinion of the academy alcohol should not be classified among alimentary substances. The report of the council on Monday was that the question, not being one of medical sociology, did not lie within the province of the academy and that it be laid on the table.

The Physician as an Accountant.

DR. C. M. CULVER of Albany read this paper and said that if the physician's bookkeeping were carefully done there would be more ability to press toward the real aim of his high calling. Slovenliness in bookkeeping was almost as unpardonable as the same quality in linen.

"Pure Science vs. Applied Science in Medicine" was read by Dr. Winfield S. Hall of Chicago.

Combined Liberal Arts Medicine Course.

The report of the Committee on Time Allowance in the Combined College and Medical Course was given by Dr. A. L. Benedict of Buffalo, with statistics gathered from the schools of the country.

Concerning the resolution of Dr. Winfield S. Hall that it is the opinion of the academy that the combined collegiate and medical course should occupy seven years, the council on Monday recommended the adoption of the following resolution: "That it is the sense of the academy that an adjustment can be made between bacca-laureate and medical courses by which the course could be shortened."

In the evening, the president's address, "The Religion of Science," was given by the president, Victor C. Vaughan of Ann Arbor.

The Medical Profession and Social Reform.

Mr. Edward T. Devine, of the United Charities of New York, read this paper at the Monday session. He believed that physicians should take that part of the general public which had shown an interest in social welfare increasingly into their confidence, and should welcome more emphatically than heretofore the co-operation of the public press, of charitable agencies and public officials, including those who from any point touch officially the living conditions of the masses—clergymen, employers, labor leaders and many others.

DR. DANIEL R. BROWER of Chicago, in the discussion, said that he had been for a number of years an advocate of public lectures by physicians on matters pertaining to sanitary science and, from time to time, as opportunity presented, he had had interviews with newspaper reporters and had otherwise given information on common topics pertaining to the question of preventive medicine, and he did not feel that this was in violation of the code of ethics.

DR. H. A. TOMLINSON, of St. Peter, Minnesota, thought it took a long time for the profession to learn that nothing in the way of reform in regard to social conduct could result, except in so far as the public opinion was educated and demanded it. From his own experience Dr. Tomlinson could not speak with any confidence as to the advantage of newspapers as proper mediums for the dissemination of knowledge on matters of hygiene. He was sure that no one would ever induce him under any circumstances to say a word to a newspaper reporter. He had never known a newspaper report of any medical or sanitary undertaking to be other than the most absolutely contorted and twisted production possible. That which was the most trivial was made the most important and that which was the very essence was entirely ignored.

DR. WALTER L. PYLE of Philadelphia thought the newspaper the most valuable means of dissemination of medicine and hygiene, but he did not think this was best accomplished by a personal interview filtered through the pen of the reporter; rather, that the newspaper should have a medical editor who shall edit or pass censure upon medical matters of direct interest to the public.

DR. P. MAXWELL FOSHAY of Cleveland advocated medical societies having a committee on public health which should consider epidemics when they are present, and other matters of importance and that the results of these considerations shall be published over the name of the medical committee of such and such a medical society. In that way the objection of professional advertising is entirely eliminated and matters pertaining to health are brought into contact with the public in general.

DR. ROSA ENGLEMANN of Chicago believed that a very great amount of good would be wrought by the introduction of these subjects into the public schools by people fitted for the purpose; that children in the schools should be taught something of the communicability and prevention of disease. Through them this knowledge would reach parents.

DR. W. S. HALL of Chicago spoke of numerous "mothers' clubs" in Chicago which medical men were invited to address; he thought no physician was justified in setting aside such invitations.

The Political Side of Medicine.

DR. JOHN B. ROBERTS had come gradually to believe that for a doctor to neglect personal attention to civic and political problems is selfish and unjustifiable. The man of education, brains and capability owes a certain part of his day to the community in which he lives and to association with which his personal success and happiness are due. If he does not give it he is not doing his full duty to mankind. The greater the advantages he possesses the greater the call to serve God by serving man. Few men, as a class, have greater personal capacity than physicians. Few, then, owe more to the state, Time, he said, may be required to convince the community that sanitary plumbing, pure water and compulsory vaccination pay. Men of lower ideals may deny that official dishonesty and public indecency sap the vigor of a village or town and inevitably lead not only to higher taxes, but also to diminished personal safety. It may not be clear to all his fellows that widespread education of the young and systematic beautification of towns and cities attract desirable residents, raise the value of property and increase the happiness of all.

The belief was entertained that the American Medical Association would exert a more potent influence than it has in state and national politics, as since its reorganization it is much better fitted to make its wants known and to have its advice sought and heeded. Its Committee on National Legislation, which meets yearly at Washington, was mentioned as an instrument of increasing competency.

The Monday afternoon session was opened by the reading of the paper of Dr. D. C. Hawley of Burlington, on "The Relation of the Physician to Politics."

Compensation for Medical Services Rendered the State.

DR. T. D. DAVIS of Pittsburg believed there was no reason for the inadequacy of pay except that physicians underrate their own services. There is no remedy except through the profession itself.

Medical Representation in Hospital Management.

DR. AUGUSTUS A. ESHNER of Philadelphia said that the physician is by reason of his training, his attainments, position and his relations with others, especially fitted for hospital management. Medical representation on hospital boards can be given (1) by electing one or more members of the staff to membership on the board; (2) by periodic conferences between the staff and the board; (3) by conferences between a committee of the staff and the board or a committee of the board.

DR. P. MAXWELL FOSHAY believed that the physician could take an active part in a portion of politics with benefit to himself, the profession and the community. The damage which comes from entering politics comes, he said, from the motives with which one enters.

DR. ESHNER assented to Dr. Roberts' proposition in that a medical man is first a citizen and secondarily a physician; and, that inasmuch as the administration of civic affairs constitutes an important phase of politics, it seemed to him that it was the bounden duty of the physician to participate in these affairs, and therefore, to participate in politics.

May Hospitals Steal?

DR. P. MAXWELL FOSHAY of Cleveland in this paper related an instance of a hospital surgeon innocently operating without charge on an employe of a large corporation whose surgeon had offered to do the work for a good fee. Employing corporations, he said, were learning to reduce fees by putting employes in hospital wards where physicians give their services free of charge, thus robbing the profession of some income. He believed it was suicidal to allow the custom to go unchecked. Hospitals should adopt adequate means for rigidly investigat-

ing the ability to pay fees of those who ask for treatment or medicine or the profession would become thoroughly disorganized.

"Good Vision as a Factor in the Educational Process" was the title of a paper read by Dr. S. D. Risley.

State Aid for Medical Schools and Hospitals.

DR. CHARLES MCINTIRE of Easton in this paper gave in tabulated form a statement of the custom of each state in making appropriations for hospitals and medical schools.

Children in Cities.

DR. ROSA ENGLEMANN of Chicago spoke of the children of the poor in cities as of paramount interest, since the submerged fourth (not tenth) live "below the poverty line." Children of the poor, America's future citizens, unless given full opportunity for moral, physical and mental development will become a menace to the integrity of the state. Need of industrial education to fit for useful and lucrative service was urged. School assembly halls as civic and social centers eventually would care for neighborhood wants, such as public baths and small parks.

New Officers.

The Nominating Committee reported the following nominations which were adopted unanimously: President, Charles McIntire, Easton; vice-presidents, William R. White, Providence, R. I.; George Dock, Ann Arbor; Rosa Englemann, Chicago; and D. C. Hawley, Burlington, Vt.; secretary, A. R. Craig, Columbia; treasurer, Edgar M. Green, Easton; assistant secretary, John S. Davis, University of Virginia.

AMERICAN GYNECOLOGICAL SOCIETY.

Twenty-seventh Annual Meeting, held at Atlantic City, N. J., May 27-29, 1902.

(Continued from p. 1590.)

President, Seth C. Gordon, M.D., Portland, Maine, in the Chair.

Non-Operative Treatment of Retrodisplacements.

DR. F. H. DAVENPORT, Boston, read a paper with this title, taking up three points: First, the methods of non-operative treatment; second, the indications for their employment, and, third, the results.

The only important method of non-operative treatment is that by pessary. Twenty-five years ago it was practically the only method, and for that reason it was developed to a remarkable degree, not only as regards the variety of displacements, but also the numerous forms of pessaries devised for their relief. Massage, electricity and general tonic treatment can not properly be called methods, but are merely adjuncts. The choice, then, lies between treatment by operation and that by pessary. With the development of surgical procedures, that by supports was thrown into the background and neglected. There are cases, however, which are well adapted to the pessary treatment. Such are, first, cases of simple retroverted uterus without complication, which have presumably lasted only a short time; second, retroversion following childbirth; third, cases complicating neurasthenia as a result, where operation is inadvisable until the patient's health is built up.

The pessary treatment is not applicable to cases in young girls where local treatment of any kind is inadvisable, to cases complicated with lacerations, or to cases of long-standing, where secondary changes in the circulation of the uterus have followed. Many of these which should be operated on refuse operation and choose the pessary. What, then, are the chances of cure? The author's own statistics have shown that of all cases treated by pessary, about one-third are cured either anatomically or symptomatically by the use of a pessary for from one to two years. In selected cases the showing would be far better. Such success, however, presupposes close study of the case, care in the selection of the pessary and constant supervision while it is worn.

The only displacements which need correction are prolapse and retrodisplacements, and the latter may be usually corrected by one of two varieties of pessaries, the Langford and the Albert Smith. The treatment by pessary, therefore, while it should be scientific, is simple.

The Alexander Operation.

DR. CLEMENT CLEVELAND, New York, in a paper on this subject described the Alexander operation in detail. Although usually performed for retrodeviations of the uterus, he has found it useful in the cure of forward displacements. The selection of cases, however, is very important. In cases where adhesions exist, it is better to follow some of the other methods or resort to the vaginal route. In cases where the Alexander operation is not indicated, he prefers the operation devised by Dougal Bissell, and styled by him "internal shortening of the round and broad ligaments," with which the writer has had many good results.

To obtain the best results from the Alexander operation, a pessary should be worn before, and for two months after, the operation. It is also advisable that the patient should wear one for a few months after confinement. The patient should be kept in bed for three weeks after the operation, and the dressings should be changed daily. The main point in the performance of this operation is to reach the external ring with a clean cut from the surface. To a beginner the great stumbling-block is the mistaking the superficial fascia for the aponeurosis of the external oblique. The Doctor believes that by including in the first suture the pouch of the peritoneum or infundibuliform process, it not only strengthens the attachments of the ligaments, but adds to the support of the uterus. Sterilized iron-dyed silk is recommended to hold the ligaments.

Hernia, as a result of this operation, is rare, and when met is due either to faulty technic or suppuration. The chief causes of failure are, 1, suppuration in the wounds, and 2, the too tightly tying of the ligament sutures.

In comparison with other methods, the writer prefers the Alexander operation for an uncomplicated case of displacement. In his opinion, the vaginal method of operation should be confined to women who have borne children.

Suspension of the Uterus.

DR. HUNTER ROBB, Cleveland, Ohio, in speaking of the advantages, disadvantages and results of suspension of the uterus, insisted that suspension and fixation are not interchangeable terms, the latter procedure being always undesirable. Before we are able to speak with certainty as to the results we must have more accurate data, which can only be obtained by a more rigid classification and a subsequent analysis of sufficiently larger series of, 1, uncomplicated cases of malposition; 2, those cases of malposition in which other pathologic conditions are present, but in which the malposition is the indication for operation; 3, those cases in which the suspension is only a supplementary operation.

Robb believes that in suspension we have a method of permanently relieving a large percentage of patients suffering from obstinate retroflexion. Difficulties in future pregnancies are mainly the result of fixation operations and not of suspension. Hernias, adhesions and localized or general sepsis are due to faulty technic and should not occur.

Intra-Abdominal Shortening of the Round Ligaments per Vaginam for the Cure of Retrodisplacements.

In a paper with this title, DR. J. RIDDLE GOFFE, New York, said that gynecologists are uniformly agreed that the ligament which serves the most important functions in supporting the uterus is the sling of tissue reaching from the promontory of the sacrum, known as the utero-sacral ligaments, to the posterior wall of the cervix, plus the utero-vesical ligament reaching from the anterior wall of the uterus to the symphysis pubis. This is reënforced by the cellular tissue and ligamentous structure in the base of the broad ligament. So long as the utero-sacral ligaments retain their proper tone and length, swinging the cervix high in the hollow of the sacrum, retroversion of the uterus is impossible. It is for some malign influence affecting the utero-sacral ligaments, therefore, that we must look for the cause of retrodisplacements of the uterus, and it is consequently to the repair or the recovery of function

in the utero-sacral ligaments that we must look for restoration to normal condition. Unless the indirect result of any operation for maintaining the uterus in its normal position is to enable the utero-sacral ligaments to involute and recover their tone and sustaining power, that operation becomes a failure. That this can be secured by direct operative procedure upon the utero-sacral ligaments themselves, he is convinced from experience.

The next most favorable tissue to utilize for this purpose is the round ligament. This is attested by the results secured by many operators upon the round ligament in various ways. Alexander and others have demonstrated that the round ligaments, when shortened at the external abdominal ring, are efficient in maintaining the uterus in its normal position when applied to cases of retrodisplacement uncomplicated by inflammatory process. Olshausen has shown that the round ligaments when caught up near to the uterus and attached at the edges of the abdominal incision are efficient and satisfactory in restoring the uterus to its normal position. Wylie, Mann, and many of their followers have had complete satisfaction in simply doubling the round ligaments upon themselves and stitching them in that position through an abdominal incision. Duhrssen, Wertheim and Vineberg have presented most conclusive statistics bearing upon the entire efficiency of shortening the round ligaments through the vaginal incision by catching them up near the horns of the uterus and stitching them to the anterior vaginal wall. The same German operators, Duhrssen, Wertheim, etc., and in this country Byford and the essayist attest to the equal efficiency of operating through the anterior vaginal fornix, and doubling the ligaments on themselves in accordance with the Wylie-Mann suggestion. He had not found a method which had given him such universal satisfaction as this. He reported 130 cases that he had subjected to this procedure during the past sixteen years, and he knew of only three failures, and these were due to some departure from the regular procedure in which a modification was attempted. Among these cases ten are known to have become pregnant and eight have gone to full term, the pregnancies resulting most comfortably and satisfactorily, the uterus retaining its proper position thereafter. Of the miscarriages, one was in a syphilitic negress, and in the other the cause could not be learned.

The superiority of this method over others depends, therefore, upon the general question of the value of the vaginal route of attack over the abdominal route, and the incomparably wider field of application as compared with the Alexander operation.

Among his cases he finds six of congenital retroversion in young, unmarried women, whose ages ranged from 19 to 27 years. In these cases, although the vagina was small and the hymen intact in all of them, he was able to perform this operation and effect a complete cure in all.

Operation on the Utero-Sacral Ligaments in the Treatment of Retroversion.

DR. J. WESLEY BOVEE, Washington, D. C., said that the first operation for shortening the utero-sacral ligaments through the vagina was done by him June 28, 1897, and since that time he has had seven other cases, all successful. By the abdominal route he began shortening these ligaments Feb. 21, 1900, and since then on three other ocasions has the operation been done.

The method of shortening these ligaments through the vagina, as he has planned and practiced it, is to place the patient in the extreme lithotomy or Simon's position, and with a self-retaining perineal retractor in place, the posterior lip of the cervix is grasped with a vulsellum forceps and drawn forward. An antero-posterior incision is made through all the structures of the posterior vaginal fornix, except the peritoneum, and extending approximately from the cervix to the rectum. By careful dissection the ligaments are brought plainly into view. Then, grasping one of them with a forceps midway between the extreme points to be united and lessening the traction on the cervix at the same time, the fold of the ligament is brought down into the vagina; then a curved needle, armed with kangaroo tendon, is passed through the ligament at the extreme points noted and another through the loop thus formed and through the posterior portion of the cervix below the insertion of the ligaments. When the other ligament has been treated in a similar manner, the two deep sutures are tied, and then the others. The wound is now spread well open and the two ends of it approximated by a continuous kangaroo tendon suture. When the wound is closed it appears to have been originally a transverse one. Sometimes he has modified it by separation of the anterior vaginal wall from the uterus and converting the wound into a longitudinal one or by transplanting the wall higher on to the uterus. When adhesions have been thought to exist in the retro-uterine space, the cul-de-sac has been entered and the adhesions separated. In all instances he has shortened the round ligaments through the anterior fornix.

By the abdominal route the plan he has followed is to use the Trendelenburg position, remove the intestine and omentum from the pelvis, and by the use of a special long retractor hold the uterus and appendages well forward and upward. Then, tracing the utero-sacral ligaments with the fingers to properly locate them, a longitudinal incision is made through the peritoneum near the inner margin of one of them. The ligament is then partially dissected loose and is treated much as by the vaginal route. The peritoneum is closed by a purse-string suture, or by the plan of closing the vaginal wound. The other side is treated similarly and the abdomen closed. He has in a few instances shortened the round ligaments at the same sitting. The results of the various operations for shortening the utero-sacral ligaments were given.

As to the advantages of the operation, the extraperitoneal shortening of these ligaments, with the adjoining portion of the vaginal wall, is practically devoid of danger, and is frequently indicated. The abdominal route is less frequently required. Yet, with the abdomen opened, perhaps for some other purpose, shortening of these ligaments would be very little extra risk to the patient, or an extra tax upon the part of the surgeon. It does not have the same conditions incident to ventrosuspension and ventrofixation which are considered by some as real dangers, and it is supporting nature's supports to this important reproductive organ.

A Further Contribution to the Study and Practical Significance of Lactation Atrophy of the Uterus.

DR. HIRAM N. VINEBERG, New York, read this paper. Although the writer six years ago drew the attention of the profession to lactation atrophy the subject has not yet received the consideration that it deserves, as is evidenced by the literature and the recent text-books on obstetrics. It is a physiologic process accompanying lactation, with or without amenorrhea, the atrophy or superinvolution being temporary only, the return to the normal size being in some cases dependent upon the cessation of lactation. In others, again, the regeneration of the uterine tissue occurs while lactation is still going on. It is not to be confounded with what is commonly known in this country as hyperinvolution, which is usually permanent in its character, although in some rare cases it terminates in this form. While the author has seen during his ten years' service at the dispensary over five hundred cases of lactation atrophy, he has not met with more than twenty cases of permanent hyperinvolution.

When the atrophy is slight and is manifest only by a thinning of the uterine walls, it is known as "eccentric atrophy," when it is more marked, as is evidenced by a marked diminution in the size of the uterus, the term "concentric atrophy" is employed.

The cervix usually participates in the atrophic process, but the ovaries do not, as a rule. The hyperinvolution or atrophy is fully established between the eighth and twelfth week, and persists for a variable period in different nursing women, its persistence usually being dependent upon the continuance of lactation. Anemia does not play an important rôle in the causation of the condition, as has been stated by some writers, notably Engström. The author had the blood examined in a series of cases and he found that the degree of atrophy bore no relation to the diminished number of red blood cells and to the

lowered percentage of hemoglobin. Cases with the smallest uteri had the highest number of red blood cells and the highest percentage of hemoglobin.

Hyperinvolution may occur independently of lactation, as shown by Hansen and P. Müller. Most writers hitherto have concerned themselves chiefly in showing that lactation atrophy is not an injurious condition, and that it seldom leads to permanent atrophy. But the writer drew attention to its decidedly beneficial effects upon the uterus in bringing about a normal hyperinvolution. Women, therefore, who nurse their babies are rarely the victims of subinvolution, with its usual sequel, chronic metritis, one of the most unsatisfactory and rebellious conditions to treat. When, as is usually the case among the better classes, the mother is unable or disinclined to nurse her baby, it is the duty of the attending obstetrician to keep the parturient under observation and treatment until nearly the same degree of hyperinvolution is established as obtains in lactation. This period will seldom be less than eight weeks and frequently will extend to three months. Unfortunately, the importance of this desideratum is very generally not recognized. The accoucheur rarely considers it necessary to examine the parturient after the second or third week.

In concluding, the writer drew attention to a peculiar circumstance, that in the class of women from whom he draws his material in dispensary practice uterine cancer is exceedingly rare. From the fifteen hundred to sixteen hundred new patients he sees yearly, not more than one or two are the victims of cancer of the uterus. One would expect almost the opposite if improper attendance during the puerperium and lacerations of the cervix play any rôle in the causation of that dread disease. He asks the question whether the circumstance that these women are shielded, in a great measure, against the occurrence of chronic metritis, renders them less susceptible to the development of uterine cancer?

President's Address.

This was delivered by Dr. Seth C. Gordon, Portland, Me., on "The Relation of the Gynecologist, Obstetrician and General Surgeon." He said it was the custom of late years to say that gynecology had passed its usefulness, and had become merged into general surgery, and that there no longer existed the necessity for attempting to prolong the life of this hopelessly-doomed department of medicine. With this proposition he took issue, and maintained that until modern obstetrics approached more nearly to the ideal standard, there would be a large field for the gynecologist proper. Scientific gynecology had its birth in America, and was founded by Marion Sims. No gynecologic surgery prior to his day had made any impression on surgical practice that had endured until the present time. That which the keen, brilliant genius of a Sims made possible, the intelligent, patient, practical common sense of an Emmet made probable to every afflicted one of womankind. The field was wide and from all parts of the country came the sufferers from childbed injuries, many of which were due to faulty obstetric work of that day. Among the causes were long-delayed use of the forceps, careless and needless use of forceps, a disregard of the accidents occurring, and a total lack of aseptic precautions during the progress of labor. From the first came vesico-vaginal fistula; while from the second came lacerations of the uterus and perineum, many of which could have been remedied had the accoucheur regarded them at all, and treated them according to the best-known surgical principles. The great fault lay in entirely ignoring such accidents.

There were many faults yet to be overcome in the practice of obstetrics before the millenium shall dawn for the gynecologist. While public institutions are doing good work in eliminating germ diseases, and bringing the mortality almost to the vanishing point, much missionary work needs be done among professional men in private practice.

The criticisms he offered were: 1. The too early use of the forceps. When the pendulum began to swing from rarely using the forceps, it went to the opposite extreme, using them far too often. A very large majority of cases will, if left alone, terminate naturally. 2. Cases of accidents occurring in labor are not properly repaired at the time.

The fashion of late seems to be to prohibit antiseptic douches after labor. While it may be necessary in normal labors, with no accidents, lacerations should be kept surgically clean, and it can be done only by frequent irrigation and germicides. Surgical cleanliness on the part of the accoucheur and patient from the beginning of labor until convalescence, insure safety to one and duty well performed on the part of the other.

As an additional safeguard against laceration of the perineum, he believes the timely use of anesthetics invaluable. It prevents the use on the part of the patient of the voluntary muscles, which do much to cause this accident. His preference as an anesthetic is the A. C. E. mixture, given only during pains. It acts promptly, and does not excite the patient.

Post-partum hemorrhage is not due to the use of an anesthetic, but to the carelessness of the attendant. A steady, careful, persistent manipulation of the uterine tumor during the expulsion of the child and placenta, and continued until firm contraction is produced, insures safety in almost every case. His own experience fully justifies him in making the assertion that a strict observance or adherence to this rule will nearly always prevent post-partum hemorrhage.

Modern methods of Cesarean section had given such good results in diminishing mortality, that the barbarism of craniotomy had practically ceased, and the morbidity which furnished such abundant gynecologic material had correspondingly decreased. This great progress was practically due to anesthesia, asepsis and improved technic, and for this credit should be given to gynecologists who had perfected the operative details of abdominal section, made possible by the discovery of anesthetics and clean surgery.

Laceration of the cervix, especially of long-standing, was not always an indication for trachelorrhaphy, destruction or extreme atrophy of tissue of the cervix being a decided contra-indication to the operation. Thousands of women suffered much more after trachelorrhaphy than before. The cervical canal was closed too much, drainage prevented, and often infection developed in the uterus and tubes, and the last condition was much worse than the first. Emmet never taught such gynecology as that. He did not even teach that all lacerations of the cervix required an operation. On the contrary, he believed that many of them did not require any interference, simply because they were not producing any morbid symptoms. The tendency had been too much in the direction contrary to Emmet's teaching, with the result that gynecology had been brought into disrepute. Many symptoms attributed to laceration of the cervix had been found to be due to disease of the other pelvic organs.

The plastic operation of perineorrhaphy, so often done by the general practitioner, to say nothing of the general surgeon, was far too often apologetic, when compared with the work of Emmet, Thomas, Marcy and others throughout the country.

The best work for malignant disease of the pelvic organs had been done by gynecologists. Probably no man could show better results in the way of relief and even cure of cancer of the uterus than Dr. John Byrne. Whether hysterectomy in any stage of the disease was to be the ideal method was by no means well settled. He believed that a more careful examination and more close observation of women under the care of physicians would detect malignant disease in its earlier stages, at a period when hysterectomy might be the ideal operation.

Much yet remained to be done with plastic operations about the vagina, not only in relation to prolapsed uteri, but for vesicocele, and diseases of the urethra, especially that of caruncle. Incisions into the posterior cul-de-sac for acute inflammatory attacks, whether attended with pus or not, well deserve the attention of the gynecologist. While this was one of the early gynecologic operations for pelvic abscess, without reference to ulterior results, it was now well known that thousands of women could be saved from long and painful illnesses and subsequent hysterectomy by the timely common-sense application of the surgical principle of removing the products of inflammation as soon as formed.

(To be continued.)

Therapeutics.

[It is the aim of this department to aid the general practitioner by giving practical prescriptions and, in brief, methods of treatment for the diseases seen especially in every-day practice. Proper inquiries concerning general formulae and outlines of treatment are answered in these columns without allusion to inquirer.]

Turpentine in Parasitic Skin Diseases.

Dr. L. Leven, according to *Merck's Archives*, employs applications of oil of turpentine in the treatment of pityriasis versicolor and tinea tonsurans. In the first affection a cotton pledget is soaked in turpentine and vigorously rubbed on the diseased skin. This should be done once daily. If the lesions are extensive, only small areas should be thus treated at each sitting. For the second disease the author recommends the use of compresses soaked in turpentine and applied to the affected areas morning and evening. The good results show themselves in a very short time.

Treatment of Gastric Ulcer.

The following treatment of gastric ulcer recommended by Pariser, appearing in *Med. Standard*, consists in absolute rest in bed as most essential in the treatment[1]. He also recommends a mixture of chalk and talcum, with or without magnesia in place of the bismuth. He finds this mixture fully as effective as bismuth. It forms an aseptic crust over the ulcer. The patient drinks two ounces in a glass of water on an empty stomach and then lies quietly on his back for forty-five minutes.

[The position of the patient is of importance, as the great majority of gastric ulcers occur on the posterior wall.]

Abortive Treatment of Gonorrhea.

Influenced by the belief that there must be some period in the beginning of an attack of gonorrhea when gonococci lie so superficially that it is possible to destroy them by means of chemical substances without injury to the urethral mucous membrane, Dr. A. Blaschko[1] has for a long time applied himself to the problem of the abortive treatment of the disease. Only those cases are available for such treatment in which the inflammation of the urethra has not existed for more than three days, in which the discharge is not yet abundant and the inflammatory reaction on the part of the urethral mucous membrane is not marked. If viscid pus can be expressed from the urethra and if the mucous membrane is markedly sensitive to the stream of urine, abortive treatment should not be undertaken. The cases most suitable for abortive treatment are those in which a few days after infectious intercourse the patient is conscious in the morning of a sense of tickling or a slightly painful sensation in the urethra and then consults the physician. Serous, turbid or mucoid secretion, perhaps containing a few flocculi of pus, can be expressed from the urethra. Microscopically, numerous pus-corpuscles and epithelial cells are present, with few gonococci and these largely free. Later, the epithelial cells diminish and the pus-corpuscles increase in number and the gonococci are principally contained within the latter. The condition described appears, as a rule, from four to seven days after infection. Cases are to be excluded from abortive treatment in which the morbid process makes such rapid progress that the posterior portion of the urethra is at once involved, as shown by turbidity of the second portion of urine passed in separate glasses. The plan of treatment consisted at first in injecting from 2½ to 3 drams of a 2 per cent. solution of silver nitrate and allowing this to remain for from 20 to 30 seconds, and followed by two syringefuls of sterile water. This procedure is repeated on the second and third days, but with a 0.2 per cent. solution of silver nitrate. The first injection is scarcely, if at all, painful, the subsequent ones but slightly, if at all so, and they are followed by a slight bloody discharge shortly becoming purulent. On the succeeding day pain and discharge will, as a rule, have subsided and in the latter numerous epithelial cells, few pus-corpuscles and scarcely any gonococci will be found. In case of failure to abort the disease the secretion will not subside, or it increases after a few days' diminution. At a later date, protargol in 4 per cent. solution, albargin in 1 or 2 per cent. solution, or a combination of silver and gelatose were employed instead of the silver nitrate, but these were permitted to remain in the urethra from 3 to 5 minutes and the urethra was not subsequently washed out with plain water. The injection of these solutions may be repeated in the strength named or this may be reduced one-half or one-quarter. Success can be hoped for in about 50 per cent. of properly selected cases.

1. Berliner klinische Wochenschrift, May 12, 1902, p. 430.

Medicinal Treatment of Tuberculosis.

While admitting the value of hygienic measures in the treatment of tuberculosis, Professor Errico de Renzi[1] properly contends that medicinal measures should not be neglected. As he points out, there need be no antagonism between the two, but the one should be made supplemental to the other. From this standpoint he discusses ichthyol, ichthoform and sodium salicylate as having rendered him most valuable service.

Ichthyol was employed especially in severe cases. The most pronounced and almost constant effect was amelioration of the bronchial catarrh, as manifested by diminution in expectoration and partial subsidence of rāles. In addition there was progressive increase in weight and improvement in the general condition, with increased arterial tension and without unpleasant secondary effects. If possible, large doses should be administered for long periods of time. The drug may be given in pill-form, but it appears to be more efficacious when given in solution. The following formulæ have proved useful:

℞.	Ammonii sulpho-ichthyolatis	ʒvi 25
	Syrupi limonis	
	Syrupi aurantii corticis, āā.....	ʒiss 50
	Alcoholis, 80 per cent.	
	Aquæ destil., āā.....	ʒii 60

M. Sig.: Take one teaspoonful in water three or four times a day.

℞.	Ammonii sulpho-ichthyolatis.....	ʒvi 25
	Aq. destil.	ʒii 60
	Elix. simplicis.....	ʒvss 165

M. Sig.: One dessertspoonful in a glass of water once or several times daily.

For the first week half a dessertspoonful of the mixture dissolved in half a glass of water was given morning and evening; in the second week this was given four times a day, and so on progressively until from eight to ten dessertspoonfuls were given daily, representing about two drams of ichthyol daily.

Another useful combination is the following:

℞.	Ichthyolis	ʒiiss 10
	Syr. simplicis	ʒv 20
	Aq. menth. pip.	ʒiiss 80

M. Sig.: One dessertspoonful in a glass of water in two equal parts.

Generally two dessertspoonfuls may be given at once and the dose be increased daily from two dessertspoonfuls until two drams of ichthyol are taken daily.

Ichthyol may be employed also by inhalation, a bit of cotton saturated with it being introduced into a respirator. It has proved particularly useful in correcting the offensive odor of the sputum.

Ichthoform, a product of the union of ichthyol and formaldehyd, is to be preferred to the former for therapeutic purposes on account of its freedom from taste and odor. It appears in the form of a brownish powder, which is insoluble in ordinary solvents. Its employment is indicated in cases attended with increased elimination of the ethereal sulphates (active intestinal fermentation, coprostasis, ileus, diffuse peritonitis, with intestinal atony or tuberculous enteritis). Ichthoform may be administered in doses of gr. iss (.09) to gr. v (.30) from thrice to six times daily. Its general effects resemble those of ichthyol, an especially beneficial influence being exerted upon the intestinal derangements so common in cases of tuberculosis, flatulence, intestinal pain and diarrhea being controlled. Sodium salicylate may be employed for the relief of fever. It can be given in doses of 15 grains (1 gm.) from four to six times daily, followed by from six to eight ounces of water.

1. Berliner klinische Wochenschrift, May 5, 1902, p. 397.

Medicolegal.

Inspection of Laundries a Proper Health Measure.—The Supreme Court of Lonisiana holds, in City of New Orleans vs. Kee, that a city ordinance is a health ordinance and constitutional, its expressed purpose being to maintain cleanliness, and to compel laundrymen to use only clean water for washing clothes, and to prevent the employment of persons who have diseases that are contagious, and to prohibit them from washing the clothes of persons afflicted with any contagious or infectious disease. It says that the control and regulation of the laundry business have generally been held to be vested in municipal corporations. And it holds that a reasonable fee, in this case 25 cents, imposed by the ordinance to pay the inspector for his services may properly be charged to the owner of the business, the inspection being made for the benefit of the business itself, as well as in behalf of the public health.

Communications to Company's Physician Privileged.—In the case before the Court of Appeals of St. Louis, of Haworth vs. the Kansas City Southern Railway Company, it appeared that the party suing, after he had been injured while in the company's employ, was driven to the office of one of its local physicians. The latter examined and dressed the wound, and drove the man to the depot in his own buggy, when he went to the company's hospital at another point. At the trial, the company offered the physician as a witness, and, among other things, counsel asked him what was the result of his examination of the party. This being objected to, counsel offered to prove by the witness that he made an examination of the party suing just after he received his injury; that he made such examination, not as the physician of the party, but as the physician of the company; that the party knew at the time that he was such a physician; and that nothing was discovered but a scalp wound. The witness was permitted to testify that, as the party went away from his office, he did not notice anything wrong about his walking. But the court holds that the judge rightly refused to permit this physician, who attended the party professionally, to testify what he learned while treating him, it being objected to as privileged.

Use and Criticism of Opinions of Medical Experts.—The Supreme Court of California says, in re Blake's estate, that the law was correctly stated in the following instruction given to the jury: "The law recognizes and receives the testimony of duly qualified medical expert witnesses. Such an expert must, of course, be qualified according to law. A mere opportunity afforded for observation will not constitute a person an expert. He must have been educated in the business about which he testifies, or it must be first shown that he has acquired actual skill and scientific knowledge concerning the subject-matter involved. When such experts are, however, duly qualified, the law recognizes and receives their testimony; and, in arriving at a conclusion concerning the issues involved in this cause [a contest of will case where the mental capacity of the testator was challenged], you may take into consideration their testimony, and award to it such value as, in your judgment, it deserves." But the judge went further, and showed the jury that he had a very poor opinion of testimony of this character. The jury was told that it was unsatisfactory, and the reason why it was so. It was further told that it was unreliable, and the reason why it was so. Not only this, but to make assurance doubly sure, it was told that opinions of experts were not entitled to as much weight as facts, and that such opinions based upon the same supposed conditions were often diametrically opposed to each other. This leads the Supreme Court to state that, while the opinion of the judge might have reasons to support it, it was not proper for him to give his opinion to the jury. Neither was it proper for him to give the jury, in the instruction, an argument as to the reasons why such evidence, in his opinion, was unreliable and unsatisfactory. The Code, it says, makes the testimony of physicians admissible in such a case. The jury may determine whether or not the opinion is reliable. The opposite party is given full opportunity to cross-examine, and show the reasons upon which the opinion is based. He is further given full opportunity to argue before the jury the credibility of such evidence, and of all evidence, and the jury will thus probably arrive at the truth. There is no law that declares that the testimony of experts is unsatisfactory and unreliable. If so, the law should not allow it to be given in evidence.

Hospital or Trustees Not Liable for Surgeon's Negligence.—The Supreme Court of Michigan holds, in the case of Pepke vs. Grace Hospital and others, that a hospital which is organized and maintained as a charitable institution is not liable for the negligence of its house surgeon in performing an operation. The trustees of the hospital in question it says are laymen. The rules of the hospital provide for a medical board of 25 physicians and surgeons of the city of Detroit, who have charge of all the surgical matters in the hospital. They examine applicants for appointment upon the medical staff, and recommend such appointments to the trustees. The house surgeon charged with malpractice was appointed by the trustees upon the recommendation of the medical board. He was first appointed, after his examination, junior assistant, where he served six months; then senior assistant, where he served another six months. He was a graduate of a medical college of good standing. No complaint whatever was made by any person that he was inexperienced or incompetent. No intimation had ever been made by any one to the trustees that he was incompetent to fill the position. The trustees, who are laymen, the court continues, must naturally leave the competency of their physicians and surgeons to the judgment of those competent to determine such matters, since they are not qualified to make the determination themselves. They performed their full duty toward the patrons of the hospital in appointing a competent board to examine applicants, and in acting upon its report by the appointment of this surgeon. The testimony on the part of the superintendent of the hospital was that, as a surgeon, he was considered one of the most competent young men they ever had in the hospital. As before stated, no charge of incompetency had ever been made against him. The trustees were therefore, the court holds, not negligent in retaining him. Even if this were not a charitable institution, the full duty of the trustees in employing and retaining him was performed. Moreover, there was no evidence of negligence on the part of the surgeon. The family physician of the patient testified that he would have tried to have saved more of the arm which was amputated, but, on cross-examination, admitted that he did not consider it negligent to do what was done, different medical and surgical men of equal experience having different views in such cases; and the sole testimony as to the propriety of attempting to save more of the arm in the amputation rested entirely upon the family physician's testimony. But the court does not think that this testimony was of any probative force to show negligence on the part of the attending surgeons, or to justify the submission of the question of malpractice to the jury.

Current Medical Literature.

AMERICAN.

Titles marked with an asterisk (*) are abstracted below.

New York Medical Journal, June 7.

1 Cerebral Localization and Brain Function. (To be continued.) L. Harrison Mettler.
2 *The Complications of Phimosis, with Treatment. Frederic Griffith.
3 *Some Considerations on the Hygienic and Prophylactic Treatment of Myopia. Alexander Duane.
4 Gunshot Wounds of the Stomach, with Report of a Case. Paul F. Eve.
5 A Case of Transverse Fracture of the Sternum. Walter J. Robbins.

Philadelphia Medical Journal, June 7.

6 *The Proposed National Examining Board—A Second Paper. William L. Rodman.
7 *Operations upon the "Green Groin." Joseph Price.
8 *A Case of Severed Spinal Cord in Which Myelorrhaphy Was Followed by Partial Return of Function. Francis T. Stewart and Richard H. Harte.
9 *Avulsion of the Scalp, with Report of a Case. W. Troy Bivings.
10 *Two Cases of Progressive Muscular Dystrophy in Brother and Sister. Augustus A. Eshner.

11 Directions to Patients Suffering from Venereal Diseases. Colin L. Begg.

Boston Medical and Surgical Journal, June 5.

12 Cystoscopic Appearances in Non-tubercular Cystitis and Pyelonephritis in Women. (To be continued.) Edgar Garceau.
13 *Some Problems Concerning Venereal Diseases. Marshall H. Bailey.
14 A Case of Meningeal Hemorrhage and Nephritis Supervening upon a Purpuric Diathesis of Twenty-five Years' Duration. Robert T. Edes.
15 A Case of Thrombosis of the Central Vein of the Retina Complicating Carcinoma of the Uterus. Charles J. Aldrich.
16 A Case Mistaken for Phthisis Produced by Half of a Small Dental Plate Lodged in the Right Primary Bronchus. George F. Pope.

Medical News (N. Y.), June 7.

17 *The Advantages of Early Surgical Intervention in Borderland Cases. Roswell Park.
18 *A Review of the Progress of Therapeutics for the Last Twelve Months. Reynold W. Wilcox.
19 The Renal Complications of the Acute Diarrheas of Infancy. John L. Morse.
20 *The Use and Abuse of Digestive Ferments. John C. Hemmeter.
21 *A New Method of Treating the Morphin and Alcohol Habits. H. A. Hare.
22 *The Comparative Physiology of Faith Cures. Pearce Bailey.

American Medicine (Philadelphia), June 7.

23 *On Heredity in Bilateral Cystic Kidney. William Osler.
24 *Prognosis of Pleurisy with Serous Effusion. Richard C. Cabot.
25 *A Preliminary Report on Sterilization of Rubber Gloves, etc., by Formaldehyd Gas, and on the Use of Mild Antiseptics Inside the Gloves. A. Goldspohn.
26 A Case of Meningomyelitis Occurring During Convalescence from Typhoid Fever. Theodore Diller.
27 Notes on the Tests for Gastric Acidity: The Tungstate Method for Combined Chlorids. A. L. Benedict.
28 *Dermatitis Medicamentosa: Report of a Case. J. B. Shelmire.
29 The Work of Jenner and His Most Faithful Disciple, Waterhouse. Wm. M. Welch.
30 Medical Paris. Nicholas Senn.
31 Asiatic Cholera in Manila. Richard P. Strong.

Medical Record (N. Y.), June 7.

32 *The Role of Inhibition in the Normal and in Some of the Pathologic Phenomena of Life. S. J. Meltzer.
33 *The Merits of the Various Incisions for Appendicitis. John A. Wyeth.
34 *Report of a Case of Cesarean Section, Followed by Hysterectomy for Impacted Cervical Fibroid and Prolapse of Gangrenous Umbilical Cord in a Septic Woman; Recovery. Abram Brothers.
35 External Speech-Physiology or So-called Lip-Reading. Cora D. Gorton.
36 *A New Method of Operating for Obstinate Cases of Recto-vaginal Fistulæ. Hiram N. Vineberg.

Cincinnati Lancet-Clinic, June 7.

37 Slight Deafness. Dudley S. Reynolds.
38 Ectopic Gestation, with Special Reference to Diagnosis. Chauncey D. Palmer.

Pediatrics (N. Y.), June 1.

39 A Case of Hypertrophic Cirrhosis of the Liver. Isaac A. Abt.
40 Degenerative Bulbar Paralysis. Alfred C. Cotton.

International Medical Magazine (N. Y.), May.

41 *On the Indications for Reduction Cures. Carl von Noorden.
42 The Radical Operation for Inguinal Hernia. B. Brindley Eads.
43 The Study of Urine in Young Children. J. Madison Taylor.
44 Urinalysis in Children. Floyd M. Crandall.
45 Urinalysis in Gynecic Surgery. Wilmer Krusen.
46 The Study of the Urine in Genito-Urinary Diseases. H. M. Christian.

Medical Fortnightly (St. Louis), May 26.

47 Medical Knowledge in Japan. Albert S. Ashmead.
48 President's Address, Tri-State Medical Society. John C Murphy.
49 Cataract Operation in the Very Old. Albert B. Hale.
50 A Sporadic Case of Infantile Myxedema Resulting in a Cretinoid Condition. James F. Clarke and William McGrew.
51 Hydrophobia. F. Savary Pearce.

Virginia Medical Semi-Monthly (Richmond), May 23.

52 Union by Primary Intention. Stuart McGuire.
53 Cancer of Eye-Lids Treated by X-Ray. W. L. Kenney.
54 Fibroids of the Uterus and Broad Ligaments. Edwin Ricketts.
55 Puerperal Fevers—From a Surgeon's Standpoint. Emory Lanphear.

Kansas City Medical Index-Lancet, June.

56 Enteroptosis and Pregnancy. Charles D. Aaron.
57 Some Recent Discoveries About Atoms and Their Electric Charges. Lucien I. Blake.
58 Hereditary Dangers and Radical Remedies. J. M. Latta.
59 Address on the Treatment of Pneumonia. C. F. Wainwright.
60 After-Treatment of Operations for Hemorrhoids. J. M. Frankenburger.

Brooklyn Medical Journal, June.

61 The Effect of Modern Educational Methods on the Health of the Pupil. Henry A. Fairbairn.
62 Hematoma of the Ovary. Edwin Ricketts.
63 Faults in Needles and Needle-Holders with Improvement. J. E. Langstaff.
64 Pathologic Conditions Dependent on Fractures Involving the Frontal Sinuses. Russell S. Fowler.
65 Some Phases of Local Anesthesia. Walter C. Wood.

Ophthalmic Record (Chicago), June.

66 *An Additional Case of Amblyopia with Central Color Scotoma and General Defective Color Perception Following the Ingestion of Jamaica Ginger. Swan M. Burnett.
67 The Crossed Cylinder and Its Uses. Mark D. Stevenson.
68 *A New Method of Treatment for Chronic Intraocular Diseases, Such as Atrophy of the Optic Nerve, Choroidal Troubles, etc. S. B. Muncaster.

The Post-Graduate (N. Y.), May.

69 Syphilis of the Cord, with Report of a Case. W. P. Wilkin.
70 The Influence Immigration Has on the Spread and Increase of Trachoma in the United States. A. Edward Davis.
71 Examination of the Blood. Hermann Lenhartz.
72 Clinical Notes. Seneca D. Powell.
73 Carbonic Gas Baths and Douches. A. Rose.

Dominion Medical Monthly (Toronto), May.

74 *A Surgical Procedure for the Relief of Ovarian Tension-Pain. H. Howitt.
75 Clinical Notes from the Use of Urotropin in Pyuria. Frederick Fenton.

Illinois Medical Journal (Springfield), May.

76 Some Observations on the Use of Electricity as a Therapeutic Agent. James C. Gill.
77 Heart Strain; Its Results and Treatment. J. M. G. Carter.
78 Etiology and Prophylaxis of Insanity. Frank H. Jenks.
79 Asthma of Nasal Origin. Its Radical Cure. P. J. H. Farrell.
80 The Condition of the Kidneys, with Regard to the Employment of Diuretics. Arthur R. Elliott.
81 Laceration of the Perineum, and Repair of the Parts. A. C. Ragsdale.

Medical Review of Reviews (N. Y.), May 25.

82 Hip-Joint Disease: The Cause of Its Deformities and Its Proper Mechanical Treatment, with a Description of "Phelps' Lateral Traction Splint." A. M. Phelps.

The Laryngoscope (St. Louis), May.

83 *Deformities of the Bones of the Face and Nose. Eugene S. Talbot.
84 Supernumerary Uvula. Joseph Mullen.
85 A New Field of Hearing Chart. Derrick T. Vail.
86 The Nose and Throat in the History of Medicine. (Continued.) Jonathan Wright.
87 Pneumatic Massage in Aural Practice. Edwin Pynchon.
88 *Ichthargan: Its Use in Nose and Throat Diseases. Beaman Douglas.

Proceedings of the Pathological Society of Philadelphia, May.

89 *The Intercommunicability of Human and Bovine Tuberculosis. Maxyck P. Ravenel.
90 Uterus, Gross Specimen and Sections; Also Sections of the Liver, Kidney, and Bladder from a Case of Puerperal Sepsis Due to Mixed Infection by the Cocci of Suppuration and the *Bacillus Coli Communis* and Other Organisms; Also a Preliminary Consideration of a Morbid Process Affecting Unstriped Muscle (Particularly the Elastica), and Not Heretofore Described. W. M. L. Coplin.
91 Multiple Infection by the *Bothriocephalus Latus;* Specimen of Two Entire Worms. Robert N. Wilson.

Memphis Medical Monthly, May.

92 Address, Medical Society of the State of Tennessee. Deering J. Roberts.
93 Diphtheria and Diphtheritic Antitoxin as a Specific. O. S. McCown.
94 Fevers of Northeastern Arkansas. F. R. Wheeler.
95 Atresia of the Vagina, with Report of Case. Allen E. Cox.
96 Scarlet Fever. L. A. Yarbrough.
97 A Case of Acute Dementia Following Gunshot Wound. G. B. Gillespie.

Medical Mirror (St. Louis), May.

98 *Some Experiences with Blood Examination. John B. Deaver and Edward Kemp Moore.
99 *The Care of Consumptives in State and Private Sanatoria in Massachusetts. Vincent Y. Bowditch.

New England Medical Monthly (Danbury, Conn.), May.

100 Autobiography of the Late J. Milner Fothergill, M.D., London, Eng. (Continued.)
101 Carbonate of Creosote in Pneumonia. W. H. Thomson.
102 La Grippe. W. B. Parsons.
103 Tripartition in the Study of the Female Pelvis. A. Ernest Gallant.
104 Cholelithiasis, with Clinical Reports. J. W. P. Smithwick.
105 Some Further Experiences with Soluble Silver. A. Dworetzky.

June.

106 Autobiography of the Late J. Milner Fothergill, M.D., London, Eng. (Continued.)
107 Optic Neuritis in the Young, with Report of Five Cases. William Cheatham.
108 Diphtheria. C. B. Newton.
109 Surgical Convalescence, with Report of Blood Count in Twenty Cases. Stuart McGuire.
110 Uricacidemia, Hay Fever and Asthma. Wm. R. Lowman.

Southern Practitioner (Nashville, Tenn.), June.

111 *Bichlorid of Mercury in the Treatment of Smallpox. E. W. Ridings.
112 Malignant Disease of the Rectum. A. B. Cooke.
113 Dysmenorrhea. H. S. Drake.

Georgia Journal of Medicine and Surgery (Savannah), April.

114 Treatment of Acute Puerperal Sepsis from a Surgical Standpoint. Hiram N. Vineberg.
115 The Time for Operation in Appendicitis. A. M. Cartledge.
116 Gonorrheal Rheumatism. J. Douglas Westervelt.

Louisville Monthly Journal of Medicine and Surgery, June.

117 Fibroid Tumors and Pregnancy. Louis Frank.
118 Typhoid Fever. Ben Carlos Frazier.
119 Injuries of the Membrana Tympani. Samuel G. Dabney.

Medical Standard (Chicago), June.

120 Commoner Diseases of the Eye: How to Detect and How to Treat Them. Casey A. Wood and Thomas A. Woodruff.
121 Care of the Stomach and Bowels. A. M. Leonard.
122 Practical Dietetics. A. L. Benedict.
123 Nutrition as Now Understood. E. M. Epstein.
124 A Surgical Clinic. Nicholas Senn.
125 Pain and Its Indications. Edward C. Hill.

Canadian Practitioner and Review, May.

126 Two Cases of Removal of the Gall-Bladder by Finney's Method. Ingersoll Olmsted.
127 Three Cases of Puerperal Septicemia, Treated with Antistreptococcus Serum. K. C. McIlwraith.
128 A Case of Vomiting of Pregnancy. Everett S. Hicks.
129 Complicated Pregnancy Requiring Surgical Interference. T. K. Holmes.

Albany Medical Annals, June.

130 The Influence of the Discovery of the Relation of Bacteria to Disease on the Practice of Medicine Exclusive of Surgery. (To be continued.) H. Judson Lipes.
131 Muscular Anomaly: Complete Absence of the Long Tendon of the Biceps Muscle of the Left Arm. Joseph D. Craig.

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2. **Phimosis.**—This article points out the probable causes of the condition, which Griffith thinks is rarely congenital, but usually due to irritation occurring after birth. The pathologic consequences are numerous. A large proportion of the cases recover spontaneously. He insists on the importance of early examination of the genitals in both sexes as the analogous condition exists in each, and as far as the nervous symptoms are concerned the results are the same in both. If dilatation is attempted, an important point is not to do it too frequently, as it may produce fissures and scars which defeat the object. The latter part of the article is devoted to the subject of circumcision, its methods, etc. He does not hold it as positively proven that the circumcised are more exempt from venereal diseases than the uncircumcised.

3. **Myopia.**—A recapitulation of Duane's article is given as follows: 1. Making the patient employ the full correction of his myopia all the time and both for distance and near. This is of prime importance in all varieties of myopia, low, medium and high, and, if applied early, may check the progress of the myopia altogether. 2. Proper attention to illumination, the size and legibility of the print, the quality of paper used in the books read, the relative height and disposition of the seat and desk, and the many other factors that have been brought out by the zealous investigators into the subject of school hygiene. These are important but subsidiary matters. 3. In low and medium myopia, moderate restriction of near work, or rather its better distribution, so that it is done mainly by daylight and not for too long at any one time. Furthermore, momentary rest of the eyes at frequent intervals during the work. These rules to be the more strictly enforced, the higher the myopia and the younger the patient. 4. In high myopia with evidences of progress, much more stringent restriction of near work. Open-air work to be encouraged and the adoption of confining and eye-taxing occupations forbidden. 5. In medium and especially in high myopia, plenty of sleep and out-of-door exercise. 6. Re-examination of the patient at frequent intervals (which in the case of high myopia should be very frequent), to determine how much the myopia has increased. If it has increased, the glasses should be increased also up to the full strength, and the hygienic regulations above detailed modified accordingly.

6.—This article is in substance the same as the communication in THE JOURNAL of June 7, p. 1525.

7. **"Green Groin."**—This is the name that Price gives to the condition that perhaps can be more readily understood under the name of gangrene of the appendix. His article is a strong statement of the surgical side of the case in the treatment of appendicitis. He points out that many cases of appendicitis simulate typhoid, and this is a point that should be borne in mind, especially where the diagnosis is obscure. He urges surgical interference, early, late and at all times and considers the indications exactly the same whether the peritonitis be circumscribed or general. He criticises the imperfect toilet and inefficient operations.

8.—See editorial in this issue, p. 1626.

9. **Avulsion of the Scalp.**—Bivings gives a review of the old literature on the treatment of scalped head, showing the crude methods in early times in this country by boring holes through the skull and obtaining cicatricial tissues by the growths which come through them. He reports and illustrates a case of avulsion, in which skin grafting was performed and emphasizes the following points: 1. The benefit of shaving, thoroughly scrubbing and rendering scalp wounds as aseptic as possible at the first dressing, thereby securing freedom from virulent bacteria and preventing meningitis, cerebritis, etc., by extension per diploic veins. 2. The superiority of the Thiersch method of skin-grafting over all other methods tried. 3. The fact that skin-grafts taken from the body of the patient grow far better than grafts from the skin of other people. 4. The error of always attributing in surgical work a rise in temperature to wound infection, and to suggest a thorough physical examination for some existing complication.

10.—See abstract in THE JOURNAL, xxxvii, p. 927.

13. **Venereal Diseases.**—Bailey reviews what has been done to check the progress of venereal diseases, holding that regulation is a failure and that education of the public is required so that measures preventing the marriage of those who are infected may become the rule. He thinks no one should allow a daughter to marry without a clear medical record on the part of the intended husband.

17. **Early Surgical Intervention.**—Park's article is a plea for early operative surgery in cases which may require it more obviously later, cancer for instance. He claims that well-founded suspicion justifies operation for its determination and relief. The danger of procrastination is, he holds, far greater than that of early operation. Other disorders mentioned are epilepsy, in which he thinks much good can be done by surgery on the brain if taken sufficiently early. Most operations done for this cause are done too late to be of use. Meningitis is another disease which may be profitably operated on in many cases, and lumbar puncture is a measure which has not come into sufficient favor with physicians. He advocates the early use of antitoxin in tetanus by the intracerebral method and speaks also of the surgical treatment of nervous gland disease, tuberculosis of the cervical glands, pulmonary disease and gangrene, empyema, pericardial effusion, liver abscess, tumors, pancreatic disease, splenic disorders, kidney affections, gastric and intestinal cancer and other growths, tuberculous peritonitis, etc.

18. **Review of the Progress of Therapeutics.**—This article is too elaborate to be abstracted.

20. **Digestive Ferments.**—Hemmeter remarks on the irrational use of various digestive ferments which are usually prescribed in the shotgun way against the target labeled dyspepsia. The substances may be considered as by-products of the large packing houses, are widely advertised and are prescribed often for this reason where they can do no good, but may often do harm. We should not attempt to coddle the stomach and prevent it doing its own work by pouring pepsin or hydrochloric acid into it. It is best not to do the work for it. As regards pepsin, of which many preparations are now on the market, some of them having very little value, he holds it is prescribed only too often, and he has ceased to use it himself. Pancreatin is another sometimes active preparation, which spoils, however, and loses its digestive power with age. It should not be used with pepsin, as it is destroyed in the gastric juice. There is but one distinct indication for its use, and that is permanent deficiency or complete absence of HCl enzyme formation of the stomach. He speaks in conclusion of pankreon, the last addition to the ferments, which has some advantages in cases of gastric achylia and chronic atrophic gastritis and intestinal atrophy.

The chief guiding line for all rational employment of all agents designed to aid the digestive processes should be careful examination of the stools. If possible, the disorder should be treated without any ferment whatsoever, and this is practicable in most cases. It is only in the rare combinations of intestinal disease with gastric atrophy that the use of such a ferment as pankreon seems rational on theoretical grounds.

21. **Drug Habits.**—Hare refers to a former communication by Dr. Lott of Cameron, Texas, which was published in the *Therapeutic Gazette* of February, 1902, and abstracted in THE JOURNAL of March 22, ¶144, p. 793, in regard to the use of hyoscin in the treatment of the alcohol and drug habits. He has himself since tried the plan in six cases which gave extraordinary results from the following points of view: 1. The patients can take massive doses for days at a time, as much as one-fourth of a grain each day with no bad effects on any of the vital functions. 2. They suffered very little if at all from the immediate withdrawal of morphin. 3. The desire for the drug was largely if not entirely dissipated after a few doses. He details several of his cases and remarks on the extraordinary fact that such large doses of hyoscin can be taken in these conditions, and says that Dr. Lott deserves a great amount of credit for his courage in carrying out this treatment. It has been so successful in Hare's hands that he will adopt it in the future. While the few cases in his experience do not justify advising the treatment as universally applicable, the results obtained seem to justify the communication.

22. **Faith Cures.**—Bailey attributes the prevalence of faith cures to the existence of a class of defective persons in whom the subconscious self predominates and that it indicates a tendency which Loeb calls tropism, an automatism unguided by intellectual control. Practically these adherents of faith cures are of a lower type, a defective one. He thinks there is no use antagonizing them; these delusions should be given the widest possible latitude to kill themselves. Crazes of all sorts are self limited and self-destructive.

23. **Bilateral Cystic Kidney.**—Osler reports a case in which the patient's mother died of the same disease and refers to other instances in the literature noted by Morris, Bar and Borelius.

24. **Pleurisy.**—Cabot has studied the outcome of cases of pleurisy where there was reason to believe serous effusion existed, but where there was no evidence of tuberculosis either in the lung or elsewhere. The questions sought to be solved were what chances these patients would have to become tuberculous later, and if so, what would be the average progress of the case? Also the problem of permanent and complete recovery and the length of time after which the patient can consider himself free from the danger of contracting tuberculosis. He followed up 152 cases of pleural effusion by letter and personal observation out of a total number sought for of about 300. From his statistics he is led to the following conclusions: 1. Eighty per cent. of the patients, having uncomplicated serous pleurisy, who have been followed for five years or more are in good health. (More than half of these have been followed for ten years or more.) 2. Ninety per cent. are apparently in full health at the end of from two to five years—that is, the pleurisy has no immediate connection with any other affection. 3. Fifteen per cent. of the patients sooner or later developed demonstrable tuberculosis of lung or bone. But in only 3 per cent. has this tuberculosis manifested itself within two years of the date of pleural effusion. 4. The type of tuberculosis which occurred in these cases was, as a rule, mild and of slow course. Death did not occur until five years or more after the pleurisy in one-half of the 23 patients who developed obvious tuberculosis. Six of the 23 are still alive, in despite of the tuberculosis, after periods of 10, 9, 6, 4, 2 and 1 years. 5. Nevertheless, a very rapid form of tuberculosis may develop many years after the pleurisy—9 years and 16 years respectively in two cases of this series—so that the patient is never safe from the possibility of death from tuberculosis merely because his pleurisy lies 10 or 15 years behind him. 6. A study of the clinical records of the whole group of patients under consideration shows that among those who have remained in perfect health for five years or more only 25 per cent. had any family history or past history of tuberculosis, while of those who have become tuberculous two-thirds had tuberculosis in their immediate family, or in their own past history. A careful history, therefore, is of great importance in the prognosis of pleural effusion. On the other hand, the physical signs during the course and convalescence of the pleurisy were not markedly different in the group of cases in which tuberculosis later developed from the signs in those who have remained well. 7. Recurrence of the pleurisy itself in patients who have recovered from the original attack occurred in only five cases, or 3 per cent. of this series. Reaccumulation of the fluid immediately after tapping is rare, occurring in only two cases, or 1.3 per cent. 8. Among the 14 patients who, after recovering from the pleurisy, died of some other disease, not one developed any disease which could reasonably be considered a result of the pleurisy—the causes of death were alcoholism, hepatic cancer, dysentery, pulmonary embolism, mitral stenosis, aortic regurgitation, chronic nephritis (3), cerebral hemorrhage, measles, pneumonia (3). 9. Finally, he would call attention to the fact that he has made no attempt to discover what percentage of this whole group of cases is due to tuberculosis. So far as his statistics go the cases may be all of tuberculous origin. What his figures do tend to prove is, that whether pleurisy means tuberculosis or not, the outlook is bright provided no family history of tuberculosis clouds it. If pleurisy means tuberculosis, it is a very mild form of tuberculosis, and one from which recovery is usually complete under proper treatment. Even if the lungs are attacked later the type of the disease is unusually mild. He remarks in conclusion that the data in regard to fatal cases are much more easily gathered than those of persons alive and well, who are readily lost from sight.

25.—See abstract in THE JOURNAL, xxxvii, p. 850.

28. **Mercurial Dermatitis.**—The case reported by Shelmire was one of very serious erythematous eruption produced by the ingestion of mercury, a cause which has been questioned by some authorities. He reviews the opinions to some extent, which seem to support the possibility of such occurrence and consequently reports his case.

32. **Inhibition.**—Meltzer's article discusses the phenomena of inhibition, which he believes has the same extent as irritability and is, like it, a vital process. He thus formulates the general biologic law of irritability. All the living tissues are irritable, that is, they respond to stimulation with a vital reaction. This reaction can be either the manifestations of their specific activity, and we shall henceforth term it excitation, or it can be an inhibition of an existing activity. Rest, he says, is as much a vital manifestation as activity. His discussion of the subject is elaborate, showing the rôle of inhibition and applying his theories to pathologic states as well as normal. To be appreciated, however, the article must be read.

33. **Appendicitis.**—Wyeth employs two incisions in appendicitis, the "gridiron" or McBurney incision, and the "clean-cut" through all the tissues from the skin into the peritoneal cavity. The former should be selected when the conditions permit. As he practices it, it is done as follows: A cut through the skin, at least three and oftentimes four inches in length, is made, and this, while parallel with the linea semilunaris, is made nearer the iliac spine, so that immediately beneath the cut through the skin the transverse fibers of the internal oblique and the transversalis muscles may be encountered. If the incision is made over the linea semilunaris, the separation of the muscular bundles will not give sufficient room, necessitating the division of this fascia, which, in his opinion, should be avoided when possible. When the external oblique aponeurosis is reached it is split in the direction of its fibers, and the edges held apart with retractors. With two dissecting forceps the muscular bundles of the internal oblique and transversalis are next separated down to the peritoneum, and these are strongly retracted with dull instruments. The peritoneum is now in sight and may be incised in any direction, preferably in the direction of the incision through the skin. This peritoneal incision should be about one inch in length. An opening of this

size permits the introduction of one or two fingers, enables the operator to feel and detach, by breaking up any adhesions, and to bring the appendix and a very small portion of the cecum through the opening into the wound where it can be easily held until the mesoappendix is tied off and the organ itself tied with a silk ligature about one-quarter of an inch from the cecum and then removed. He prefers the silk ligature to any other method of treating the stump. He has used it in all of his operations except one, and has no reason to regret using it in any instance. The funnel-shaped stump left beyond the ligature is thoroughly swabbed with pure carbolic acid. He uses a running catgut suture for the peritoneal wound, and loose kangaroo tendon suture for reapproximating the separated muscular bundles of the transversalis and internal oblique; interrupted kangaroo tendon for the external oblique fascia, and silkworm gut sutures for the skin, which completes the technic. He says this incision should be used in all "clean" cases, in those operated upon in the period of quiescence, and in others when the inflammatory and septic processes are limited either within the lumen of the appendix or about its walls, and there is no more than a limited local peritonitis. When there is well-marked abscess and the process has gone far enough to wall-off from the peritoneal cavity the diseased organ and pus which is around it, he does not approve of enucleation of the abscess wall formed by adhesions in such a narrow incision, and it is safer to enlarge the opening and have a free field of operation than run any risk of spreading sepsis. Here an incision shorter than three inches is usually advisable, and it is best simply to incise, puncture and drain the abscess if it is well marked, the operation resolving itself then to simply opening the abscess and supporting the muscle fibers after the McBurney method, and puncture of the peritoneum adherent to the abscess wall. But when a condition of sepsis prevails, such as requires careful operation to prevent general peritonitis, he resorts to the clean through-and-through incision, including the peritoneum. When this is to be made it should be over and parallel with the linea semilunaris, in order to avoid cutting the transversalis and internal oblique muscles through their fibers which retract and leave a weak line of union. The peritoneum is to be sutured with catgut, the aponeurosis of the semilunaris with kangaroo tendon, and the skin incision with silkworm gut or with a single row of sutures of the last-named material, including the skin with the aponeurosis. He calls attention to the error of tying kangaroo sutures so tightly as to destroy the vitality of the muscles as he has sometimes observed. When the gridiron incision is used it may not be necessary to keep the patient in bed as long as when a through-and-through incision is employed, but he thinks it well to keep the patient in a recumbent position for at least three or four weeks after the operation and at least six weeks with a through-and-through incision, not even sitting up. Since he has followed this rule he has not had a single case of ventral hernia even following in some instances extensive incisions.

34. **Cesarean Section.**—The title of this article explains it, but the interesting features of the case are summed up by Brothers as follows: 1. The fact that the woman had spontaneously given birth to three living children, although the tumor must have been of some years' growth. 2. The recovery of the mother after cord and uterine contents had undergone decomposition with resulting maternal sepsis. 3. The mental derangement which showed itself about the ninth day and was evidently the direct result of the operation. 4. The escape of the intestines for several hours after the spontaneous reopening of the wound, without fatally influencing the progress of the case. 5. The desirability in sepsis preceding delivery (in cases requiring Cesarean section) of immediately combining abdominal hysterectomy with Cesarean section. The risk of additional shock is fully met by the advantage of removing from the woman's system the infected uterus. I have, in similar cases, known women to die of subsequent septicemia after the uterus had been emptied through the natural passages. Hence, sepsis preceding delivery offers to me a strong indication for the removal of the uterus either at the time of delivery or shortly afterwards if the septicemia does not rapidly abate.

36. **Rectovaginal Fistulae.**—The method employed by Vineberg in his first case is given by him as follows: 1. Operation on the patient consisting of the usual method of splitting the sphincter, denuding the edges of the fistula and suturing it separately was a failure. It then occurred to him to excise the rectal mucosa to a point beyond the fistula, draw down the mucosa and suture it to the skin as in a Whitehead operation for hemorrhoids. This he accordingly did, and excised about an inch and a half of the rectal mucosa. He then dissected the rectal mucous membrane to fully an inch beyond the cut border, so as to be able to bring it down to the cutaneous border of the anus without undue traction. The mucosa was then sutured to the skin by a number of catgut sutures and with a couple of deep silkworm-gut sutures. Patient made good recovery, having primary union throughout, and has been perfectly free from any rectal symptoms since. He says he thinks an important feature in the success of the method lies in dissection of the rectal mucous membrane beyond the excised portion so as to be able to attach it to the cutaneous margin of the anus without any tension. Failure to do this is the frequent cause of bad results in the Whitehead operation. He intended to publish this operation after first performing it as it was then original with him, but procrastinated, and since then both Dudley and Segond have published cases operating in the same way. To the latter falls the credit of priority, though both Dudley and himself had devised the operation independently.

41. **Reduction Cures.**—The subject of reduction cures for obesity is noticed by von Noorden, who criticises the routine method of treatment of some physicians. Before entering into the treatment of an obese patient, he should first of all decide the question as to whether an actual reduction cure is indicated or whether the treatment should be restricted to the prevention of further fat deposits and to the removal of dangerous and disturbing complications. The physician and patient may differ on the question; reduction cures have become so popular that many patients demand them. They do not ask the doctor whether he considers the cure necessary but just ask for his prescription and directions. It often happens that the patient may expect local treatment when the physician thinks general is demanded, or vice versa. He argues against considering reduction cures as weakening cures, which they should not be if carried on under proper indications and with proper choice of procedure and rapidity.

66. **Methyl Alcohol Amblyopia.**—Burnett reports a case of methyl alcohol amblyopia due to drinking Jamaica ginger, in which he observed central color scotoma, involving all colors except blue in the least affected eye, and the general perception of other colors, except blue, was either absent or not of a normal character. Corresponding with this scotoma for colors there was also a reduction of form sense as shown by the diminished visual acuteness. All these conditions point rather to a neuritis affecting principally the papillo-macular bundles, but at the same time not sparing the others, as shown by the affected color sense all over the whole field.

68. **Ophthalmo-Oscillator.**—Muncaster calls attention to an instrument devised by Dr. Henry F. Garey under this name as affording a method of treatment of chronic intraocular diseases, such as nerve atrophy, choroidal troubles, etc. The method consists of causing an oscillation of the eye forward and backward, and its application is adapted to each individual case. This oscillation is produced in such a way that the forward movement of the eye is made by intermitting vacuums produced in the cup, which is placed over the eye, and the backward movement by the eye being pulled back by the elasticity of the tissues to which it is attached. The oscillation of the eye produced in this manner causes an alternate stretching and relaxation of the nerves attached to its posterior portion, powerfully stimulating increased nutrition and light perception. He reports cases in which this has been used to advantage.

74. **Ovarian Tension Pain.**—Howitt considers that many cases of severe ovarian pain are due to overgrowth of the cortical region or the capsule of the ovary and that relief can

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be obtained by conservative operation. He thinks that in order to make such an operation justifiable the pain and general disorder should be disabling. The surgeon, as a rule, should be able to satisfy himself by examination that the ovaries are somewhat enlarged, more or less rounded in shape, tense and abnormally sensitive. There should be a history of aggravation of the symptoms before or during menstruation or from anything that excited ovulation. The operation which he has performed consists in exposing the ovary guarded by a sterile sponge or gauze and making a number of cross cuts through the dense capsule in such a manner as to divide it into small islands not more than a square line in depth. The tension is manifested by the way in which the first incision gaps. All the cysts are opened, those larger than a grape are enucleated, while the cavities of the smaller are merely touched with pure carbolic acid. In his practice when the capsule is thick he shaves off one or two rows from end to end of the organ and then from side to side, thus exposing a cross of denuded tissue, but not removing any portion of the normal ovarian tissue. At the completion of the procedure the organ is not only reduced in size and weight but also regains its size and shape. Hemorrhage has never been troublesome, nor have adhesions given rise to complications. The relief of the pain and the worrying reflex has been very satisfactory. He briefly reports two cases out of the 14 in all for which he has advantageously operated.

83. **Deformities of the Bones of the Face and Nose.**—Talbot discusses the subject elaborately and holds that traumatism can not be taken as the common or exclusive cause of septal deformity, and criticises other theories. He thinks the findings in normal vaults and jaws conclusively disprove the theory that high vaults and contracted arches are the cause of septal deviation.

88. **Ichthargan.**—This material, which is a compound of silver and ichthyol and chemically known as silver-thio-hydrocarbo-sulphonate, is readily soluble in water, glycerin and dilute alcohol, but insoluble in absolute alcohol, ether and chloroform. It should be kept in colored bottles. It is precipitated by sodium chlorid and albumin, but the latter precipitate is redissolved by an excess. It contains 30 per cent. of silver and 15 per cent. of sulphur, both in organic combination with the bases from the ichthyol sulphonic acid. It is, therefore, the strongest of all the silver compounds. Douglas quotes experiments by Aufrecht as to its penetrating and bactericidal power and its comparatively non-toxic action. Aufrecht took 3/10 of a grain of ichthargan in three successive doses, and on the fourth day one-half a grain without unpleasant effects. For nose and throat work it must be used in preparations from 1/50 to 1/10, 1/20 being suitable for general use. He finds it of value as an anesthetic, antiseptic, antiphlogistic, stimulant, alterant, and as a modifier of nasal secretion. The anesthetic effect is not very marked. The antiseptic effects are plainly shown in its deodorizing properties, and as an antiphlogistic it has an important action on the respiratory mucous membrane, first producing anemia, followed by no reaction unless very strong solutions are used, and tolerance may be established by continuous use. As a stimulant it acts as an alterant, producing more healthy circulation, diminished congestion and lessening exudation and probably acts directly on the cell protoplasm itself. In modifying secretion it seems to act by lessening leucocytosis. He thinks good results can be obtained in atrophic rhinitis, acute catarrhal rhinitis, tonsillitis and inflammation of the lingual tonsil. It can be safely recommended in certain laryngeal affections, such as acute catarrhal laryngitis of adults, in a spray, and in laryngitis sicca and in chronic atrophic trachitis where there is abundance of dry saliva and scales. He reports two cases of atrophic rhinitis where it was used with advantage.

89. This article has appeared elsewhere. See THE JOURNAL of June 7, ¶76, p. 1539.

98. **Blood Examination.**—This article was abstracted in THE JOURNAL, Vol. xxxvii, p. 1563, and noticed again in the present volume, p. 421, ¶45.

99.—This article has appeared elsewhere. See THE JOURNAL of March 29, ¶100, p. 846.

111. **Smallpox.**—Ridings is an advocate of bichlorid of mercury in the treatment of smallpox, applying it in solution of 1 to 250 to 1 to 1000 as a spray to the nose, mouth, eyes and ears, with a saturated solution of boric acid over the eyes. The bichlorid solution is sponged thoroughly also over the whole surface. He agrees with Bibb that when thus applied it is the rational treatment and will prevent itching, foul odors and pitting, and will destroy the virus in the vesicles and pustules, thus rendering the scabs harmless, and reducing the danger of infection to a minimum.

FOREIGN.

Titles marked with an asterisk (*) are abstracted below.

British Medical Journal (London), May 31.

1 *Removal of Prostatic Adenomata. William Thomson.
2 Chronic Hypertrophy of the Prostate: Freyer's Operation; Recovery. John Smyth.
3 *Further Remarks on Myasthenia. William R. Gowers.
4 *Further Remarks on Finsen's Light and X-Ray Treatment in Lupus and Rodent Ulcer. Malcolm Morris and S. Ernest Dore.
5 *The Therapeutic Employment of X-Rays. G. H. Lancashire.
6 The Curative Effect of the X-Rays on Callous Sinuses of the Abdominal Wall. D. Berry Hart.
7 Case of Sarcoma of the Face. Reginald J. Gladstone.
8 *A Plea for the Adoption of a More Accurate and Scientific Method in the Investigation and Treatment of Lateral Curvature of the Spine. Archibald Young.

The Lancet (London), May 31.

9 *The Powers of Natural Resistance or the Personal Factor in Diseases of Microbic Origin. Stephen MacKenzie.
10 Supposed Intestinal Obstruction, Due to a Vascular Lesion. Herbert W. Page.
11 *The Congenital Factor in Hernia. R. Hamilton Russell.
12 Complete Relaxation of the Abdominal Wall Under Anesthetics. J. Blumfeld.
13 Urethral Hemorrhage in Gonorrhea. J. F. Dobson.
14 Remarks on Certain Methods of Physical Diagnosis in Diseases of the Chest. A. G. Auld.
15 Case of Arthritis Accompanying Ophthalmia Neonatorum. C. O. Hawthorne.
16 The Advisability of Preliminary Tracheotomy and Ligature of the External Carotid in Severe Operations About the Face. Charles R. Keyser.
17 Notes on Two Cases of "Ulcerated Sore Throat." Edward C. Bousfield.
18 Radical Cure of Inguinal Hernia. John O'Conor.
19 A Case of Appendicitis with General Peritonitis; Recovery After Removal of Appendix, Followed by Secondary Incision Into the Cecum for Extreme Paralytic Distension. Frank Cole Madden.
20 Observations on Diet. Harry Campbell.

Annales de Dermatologie (Paris), April.

21 Sur la botryomycose humaine. E. Bodin (Rennes).
22 Sur les affections dites parasyphilitiques. Leredde.
23 Sur les leucémides. C. Audry.
24 Les parapsoriasis. L. Brocq.
25 *Diagnostic clin. et histologique de l'ulcus rodens. Dubreuilh.
26 Spoon-Nails. Freche.—Coelonychie.
27 *Year's Experience with Phototherapy. Gaston.—Un an d'application photothérapique de l'appareil Lortet-Genoud.
28 *Les indications et contre-indications de la photothérapie dans le traitement de la tuberculose cutanée depuis Finsen. Leredde and Pautrier.
29 *Iron Lamp for Phototherapy. A. Broca and Chatin.—Appareil photothérapique employant l'arc au fer sans réfrigérants.
30 Troubles trophiques des cheveux. Dubreuilh.
31 Sur les lésions de la séborrhée et en particulier de la séborrhée senile. Audry.
32 Study of Epidermic Cysts. W. Dubreuilh.—Kystes épidermiques. Ibid. C. Audry.
33 *Ignipuncture of Cancer followed by Application of Copper Sulphate or Natural Copper Waters. Moreau (Toulouse).—Traitement du cancer par l'ignipuncture interstitielle profonde suivie d'application de solutions cuivriques ou eaux cuivriques naturelles.
34 Statistics of Direct Contagion of Alopecia. Hallopeau.—Statistique peladique.

Nouvelle Iconographie de la Salpetriere (Paris), xv, 1.

35 *Contribution clinique à l'étude de la topographie des atrophies musculaires myélopathiques. R. Cestan.
36 Documents iconographiques relatifs aux myopathies. P. Marie and others.
37 Sur un nouveau cas d'amyotrophie à type Charcot-Marie. F. Soca (Montevideo).
38 De la myotonie atrophique. G. Rossolino (Moscow).

Presse Medicale (Paris), May 17 to 24.

39 (No. 40.) Aseptic Method of Treating Cutaneous Affections. L. V. Leredde.—Traitement des maladies de la peau. La méthode aseptique.
40 *Sutures par Agrafage. P. Desfosses.
41 (No. 41.) *L'arthritisme. Traitement par la thérapeutique oxydante. E. Piquet.

42 (No. 42.) *Cure radicale de l'hypertrophie de la prostate. Indications de la prostatectomie. J. Albarran.
43 Influence de la régime alimentaire sur la genèse de la lithiase biliaire. E. Dufourth (Vichy).
44 Le nucléinate de fer. J. Dumont.

Revue de Medecine (Paris), May.

46 Bed Treatment of Epileptic Delirium. E. Marandon de Montyel.—Traitement du délire épileptique par l'alitement.
47 Eruptions from Juice of Certain Trees. J. Regnault.—Eruptions et édèmes produits par le suc délétère des arbres à laque.
48 *Rhythmic Jerking of the Head in Persons with an Affection of the Aorta. C. Valentino.—Des secousses rhythmiques de la tête chez les aortiques.
49 Le vertige psychique. N. Vaschide.
50 Autochthonous Dislocation of the Heart. A. Ferrannini (Rome).—Dislocations autochthones du coeur.

Berliner Klin. Wochenschrift, May 5 to 19.

51 (No. 18.) *Medicinal Treatment of Tuberculosis. E. De Renzi (Naples).—Beitrag zur medicamentösen Behandlung der Tuberculose.
52 *Treatment of Sciatica. L. Brieger (Berlin).—Ueber Ischiasbehandlung.
53 *The Antroscope. M. Reichert.—Ueber eine neue Untersuchungsmethode der Oberkieferhöhle mittelst des Antroskops.
54 *Das Problem der Hemiplegie. M. Rothmann. (Concluded from No. 17.)
55 (No. 19.) *Zur Abortivbehandlung der Gonorrhoe. A. Blaschko.
56 Tuberculin in Treatment of Tuberculosis. C. S. Engel (Berlin).—Ueber die Behandlung der Tuberculose mit Tuberculin.
57 Noch einige Erfahrungen ueber Exstirpation der Hypophysis cerebri und ueber Transplantation von Carcinom und Thyroiden auf die Hypophysis. F. F. Friedmann.
58 *Diabetes and Paralysis of the Bladder. C. Posner.—Diabetes insipidus und Blasenlähmung.
59 (No. 20.) New Operation for Conical Cornea. J. Hirschberg.—Eine neue Operation gegen Hornhaut-Kegel.
60 Application of Laws of Physics and Chemistry to Pathology of Stomach. M. Bial (Kissingen).—Ueber die Anwendung physikalisch-chemischer Gesetze auf eine Frage der Magen-Pathologie.
61 Ueber Degenerationsformen von Pneumokokken in pleuritischen Exsudaten. L. Michaelis.

Centralblatt f. Chirurgie (Leipsic), May 31.

62 *Anesthesin in Treatment of Wounds. Lengemann.—Anästhesin in der Wundbehandlung.

Deutsche Med. Wochenschrift (Leipsic), May 29.

63 *Atypical Manifestations in Course of Secondary Syphilis. S. Schoenborn (Heidelberg).—Einige atypische Erscheinungen im Verlaufe sekundärer Syphilis.
64 *Cancer à deux, 2 Fälle, nebst einem beitrage zur Statistik des Carcinoms. Radestock.
65 Ueber Endocarditis. Litten. (Concluded from No. 21.)
66 *Costal Sign of Enteroptosis. B. Stiller (Budapest).—Zur Lehre der Enteroptose und ihres Costalzeichens.
67 *Subkutane Injektionen von Yohimbin. A. Eulenburg.
68 *Superiority of Anesthesin to Cocain. Dunbar.—Anesthesin.

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1. **Prostatic Adenomata.**—Thomson refers to Freyer's work on the subject and especially mentions the difference of opinion in regard to the capsules of the prostate, pointing out that there are three things which are mentioned under this name: 1. The proper capsule indicated by Freyer, which is a special envelope, belonging to the prostate itself, and, although thin, is firm in texture, and defines clearly the form and limits of the prostate. 2. A layer of thinned prostate which remains in certain cases when a large adenoma is enucleated. 3. This is formed by the normal reflection of recto-vesical fascia. The question as to whether the whole prostate can be removed is also mentioned and he finds the testimony a little perplexing. However, it is not of much particular interest beyond emphasizing the importance of accuracy in the use of the term in the description of the operative procedures. It is not of much matter to the patient whether a complete prostatectomy or removal of the adenomata is performed if the mechanical obstruction is relieved.

3. **Myasthenia.**—Gowers reports another case which is of interest as presenting—like those previously noticed—an ophthalmoplegia, but where the peculiar "nasal smile" was not present. There was also a marked difference between the two sides, especially in the face and hands, and there was some local diminution of electric excitability and slight atrophy of the muscles. The development of epilepsy in this case is also a fact of unusual interest of which he has seen no mention in other recorded cases.

4. **X-Rays.**—Morris and Dore point out the advantages and disadvantages each of the *x* ray and the Finsen light treatment. The latter is tedious and costly, but they do not consider the *x*-ray an adequate substitute. In the majority of cases the Finsen method is more reliable in lupus or rodent ulcer and apparently gives more permanent results. The effects are more easily controlled and the scars better. They think the therapeutic effect in both is much greater when reaction occurs.

5. **X-Rays.**—Lancashire reviews the effects of the *x*-rays and finds them of special value in hypertrichosis, coccogenic sycosis, lupus and rodent ulcer.

8. **Skoliosometer.**—Young describes an instrument formed to some extent on the von Mikulicz plan but without his special recording instrument, consisting of two limbs graduated on the metrical scale, and fixed by an accurately adjusted central frame exactly at right angles to each other. Both limbs slide freely in the central frame, and each is graduated in both directions from zero at its midpoint. He thinks this apparatus a great advantage in making accurate measurements in case of lateral curvature of the spine, also in chest measurements. He believes that such an instrument as this would be of service, also in craniometric work.

9. **The Personal Factor in Microbic Disease.**—This article by MacKenzie is largely on the same line of thought as that of Howship-Dickinson noticed in a previous issue. MacKenzie speaks particularly of the importance of the soil in cases of tuberculosis as being a matter of which we must take most account. He holds that the microbe is comparatively unimportant of itself, but that it is too great a stretch of truth to say that tuberculosis is one of the more curable diseases. We may arrest tuberculosis under our treatment, but we can not make sure that it will remain inactive. One point, however, to which he calls special attention is the fact that the decrease in the mortality from consumption which has been going on for the last fifty years, not only in Great Britain, but also in other countries where statistical evidence is available, preceded the exact knowledge which we now have of the pathology of tuberculosis and the discovery of the bacilli. This diminution was going on under unfavorable conditions before any effective measures were begun to destroy or disinfect the sputa or separate the sick from the healthy. It has also gone on in spite of the great migration from country to town. There is no doubt that it has been due to measures which have increased the resistance by improved sanitation, better drainage, sewage and better housing, clothing and feeding of the population. He also refers to other diseases, such as rheumatic fever and appendicitis, calling attention to the fact that whether we establish the bacterial nature of rheumatism or not the personal factor will be as important in the future as in the past, and our clinical acquisitions will not be lost. Similarly with appendicitis, which seems on the other hand to be more common, thus reversing the conditions in tuberculosis, there seems to be, as Treves has remarked, not infrequently a family or hereditary tendency. We must bear in mind in all these groups of diseases, he thinks, that the soil as well as the seed is of utmost importance.

11. **Hernia.**—Russell states his belief in regard to hernia, based on his operative experience, which he had strongly enunciated in a previous article as follows: 1. Oblique inguinal hernia is invariably caused by the presence of a congenital sac, which in the vast majority of cases is provided by patency of the whole or a portion of the processus vaginalis. 2. There is no evidence in favor of the view that congenital weakness of the abdominal wall in the inguinal region is a factor in the causation of inguinal hernia. 3. While actual weakness of the abdominal wall in the inguinal region is frequently met and is an occasional cause of recurrence after operation, such weakness is not congenital, but is an acquired weakness due to the existence of a hernia and the use of a truss during a lengthened period. 4. Complete removal of the sac, when performed before the abdominal wall has sustained such damage, will not be followed by recurrence. 5. The causes of recurrence after operation are three in number—viz.: 1. the above-mentioned

acquired weakness; 2, incomplete removal of the sac; 3, traumatism, the result of misguided methods of operating. The arguments on which these are based were published before. He has since seen other cases which nearly double the number, and which have only strengthened his views. Instead of weakness being congenital and hernia the consequence, it is the hernial sac that is congenital and the weakness that is ultimately acquired. He goes into the anatomy and embryology to explain this fact, the details of which can not be reproduced, and applies it not only to inguinal, but to femoral hernia, which, if anything, is the most likely to be the acquired form, according to the usual opinion.

25. **Ulcus Rodens.**—Dubreuilh distinguishes the nodular, the atrophic and the boring type of ulcus rodens. It invariably commences with a nodule. It may ulcerate early or not until after a few months, or may persist indefinitely without ulceration. The nodular variety is therefore merely an ulcus rodens arrested in its early stage.

27. **Years' Experience with Phototherapy.**—Gastou has employed the Lortet-Genoud apparatus for phototherapy in 121 cases of various forms of cutaneous tuberculosis and 25 of other cutaneous affections. This apparatus was described and illustrated in THE JOURNAL of July 20, 1901, p. 229. He reports eminently favorable results in a third of the cases of ordinary and erythematous lupus, but in cutaneous tuberculids and in boring lupus only one-sixth of the cases manifested any improvement. Dispensary patients usually wait until lupus is practically incurable before they apply for treatment, and as 40 to 200 sittings are necessary to cure or even improve a case of lupus, it is easy to understand why better results were not obtained with the ordinary class of out-patients. They abandon treatment before positive results have been secured. Only 46 of the 121 patients with cutaneous tuberculosis completed the course. Of these, 11 were cured, 12 partly cured and 7 not benefited, out of 30 with tuberculous lupus. Three were completely and 7 partly cured in 10 cases of erythematous lupus, and 1 completely and 5 partially cured in 6 with cutaneous tuberculids. When the patient applied in the early stages of lupus it was possible to cure him in the course of two months and in the best possible conditions, without pain or the knife.

28. **Indications and Contra-Indications for Phototherapy of Lupus.**—Leredde observes that phototherapy is the only means of treating lupus which realizes the two indispensable conditions of action below the surface, sparing sound tissue and homogeneous action. It does not cure every case, but its failures are rare and are usually due to the consequences of previous methods of treatment. Physicians may try other and simpler measures first, but if the patients are not cured after a few months, phototherapy should be applied. Ablation should be the rule when complete reunion by primary intention can be counted on. Of the 43 cases of severe lupus he has been treating, he reports 8 completely and 7 almost completely cured by the phototherapy. All were cases of long standing and had been treated for years by various means. Fourteen other patients have been cured of one or more patches, and the cure of the rest of the lesions is only a question of a little more time. In two cases marked by exuberant vegetations, the application of potassium permanganate as recommended by Butte aided in reducing the excrescence and cleared the field for the phototherapy. The results of the phototherapy in erythematous lupus were 3 failures, 3 improved and 11 completely cured out of a total of 23 patients treated, while 6 more exhibited a "segmentary cure," that is, one patch was cured. To fully appreciate these results he reviews the previous treatments inflicted upon this group of patients. They include 802 seances of Galvanocauterization, 382 of scarification and 462 of the high frequency current. None of them had had even a single patch cured by any of these measures. The cases which promised to be the most rebellious were sometimes most rapidly cured. He thinks that phototherapy should be pushed until there is formation of cicatrices. It is liable to fail in the vegetating, elephantiasic type of lupus or where there is deep sclerosis, unless the field can be cleared for the action of the light. Phototherapy is contra-indicated in case of lupus of the trunk or limbs which may heal more rapidly under other measures owing to the existence of a plane of hypodermic cleavage which generally prevents the progression of the lesion into the depths. Every case of erythematous lupus should receive energetic treatment from the start. Finsen has demonstrated that the longer it lasts the deeper and more rebellious it becomes. If it still proves obstinate after a course of phototherapy, radiotherapy should be given a trial, and in certain limited regions ablation might be indicated. Scarifications or cauterizations should be carefully avoided during a course of phototherapy as, to mention only one reason, they prevent the penetration of the light.

29. **Iron Lamp for Phototherapy.**—Broca's apparatus is a modification of Bang's which has been mentioned in THE JOURNAL. The lamp is constructed to produce as many chemical rays and as few light rays as possible, by using iron for the arc. The contrivance for compressing the part is ingenious. A metal cap fits over the head. It contains an air cushion at the back and has buttons along the edge in front. The compressor is a piece of quartz set in a framework that has projecting strips of metal tape which button on the buttons on the headpiece. When all is in position the air cushion is inflated and the compressor screwed to the proper angle. The compression is perfect by this means.

33. **Ignipuncture of Cancer Followed by Application of Solutions of Copper.**—Moreau reported in 1900 that he had been able to cure 42 cases of cancer of the skin or mucosa with no recurrence for more than three years and he now reports sixty-six additional cases. He uses the finest point of the Paquelin or Galvanocautery for his interstitial ignipunctures, with care to have them especially deep around the edges of the neoplasm. Two days later he rinses and dresses the wound with a 1 per cent. solution of ammoniacal copper sulphate or sprays the wound for a long time twice each day with the natural copper waters of the Trebas springs. The natural copper water seems to be especially beneficial, exerting both a healing and cicatrizing action, while the application is not painful as in case of aristol and potassium chlorate.

35. **Topography of Myelopathic Muscular Atrophy.**—The *Iconographie*, as its name implies, makes a specialty of illustrations of patients. Cestan's and the other articles are accompanied by a wealth of photographs.

40. **Suturing by Means of Clamps.**—THE JOURNAL has referred several times to the method of suturing devised by Michel, which consists in placing a row of double-pointed clamps or agrafes along the wound. This article gives illustrations of the "revolver" used to drop the clamps in place, the pincers to squeeze the points closer together, and the forceps to remove them later. It states that a number of surgeons use this method of suturing cutaneous wounds almost exclusively. The skin is not pierced by the points and the clamps leave no trace if properly placed.

41. **Arthritism and Its Treatment by Oxidizing Measures.**—Fiquet explains the arthritic tendency as the result of insufficiency of the phenomena of oxidation which normally occur in the tissues under the influence of the soluble elements which we call oxydases. On account of this lack of sufficient oxidation, the system becomes loaded with the refuse of unoxidated matters which induce gout, lithiasis, obesity, etc. The treatment should aim to promote the processes of oxidation. If an immediate effect is necessary alkaline waters will answer the purpose, but for a more pronounced general effect iron waters are preferable or, better still, a combination of Vichy and some iron water or their equivalents. The best clinical results have been obtained, he states, with iron crenate as a drug or in the waters of Forges-les-Eaux. The properties of crenic acid enhance the efficacy of the iron.

42. **Radical Cure of Hypertrophied Prostate.**—Albarran's long experience has demonstrated to his satisfaction that the contractility of the bladder is not entirely lost in "prostatic patients," and that after removal of the prostate the bladder

regains its contracting power. This has occurred in all of his patients operated on by perineal prostatectomy. He has performed the operation 35 times and has lost but one patient. The latter succumbed to progressive cachexia from bilateral pyelonephritis. The others rapidly recovered, proving the benignity of the intervention. One of the cured patients was 73 years old and had been using the catheter for eleven years. The prostate weighed 230 gm. Albarran's operation is a perineal subcapsular prostatectomy by systematic morcellement. Of the 31 patients operated on by this method and followed to date, 28 are completely cured and 2 are practically cured while one patient requires another operation on account of a persisting fistula. Figures, he adds, can give no idea of the benefit derived. Invalids have been restored to active life and the transformation is complete. He does not operate if there is fever but applies palliative measures until a favorable moment arrives. Infection of the bladder and even general infection of vesical origin may be an indication for this perineal prostatectomy. Eleven of the above patients had stones in the bladder, and the removal of the prostate has prevented further trouble from the stones which previously used to accumulate behind the enlarged gland.

48. **Rhythmic Jerking of the Head in Affections of the Aorta.**—Valentino has observed or collected fourteen cases of insufficiency of the aortic valve or of aneurism of the arch of the aorta, which were distinguished by a rhythmic jerking of the head. This is not a constant sign, but it is so peculiar and striking when it does exist, that it attracts the physician's attention at once, as possibly the first indication of a serious lesion in the cardiac region. All nervous affections must be excluded before the diagnosis is certain.

51. **Medicinal Treatment of Tuberculosis.**—A résumé of this article will appear in the "Therapeutics" column of THE JOURNAL.

52. **Treatment of Sciatica.**—Skillful application of the Scottish douche, hot baths and massage has cured all but one in twenty-four cases of sciatica which Brieger has had occasion to treat. The bath at 100.5 F. should be in a large tub and many movements which are otherwise painful can be performed in the water as the heat soothes the aching parts and relaxes the muscles. Massage immediately after the bath is borne much better, and the final cure is hastened. One of the three patients treated in his institution was cured in forty-six days after a year of sciatica. The second was cured in eleven weeks after eighteen months of sciatica, and the third in thirteen days after two years of the affection. This latter patient was a corpulent woman of 54. She received six Scottish douches and two hot baths of ten minutes each, at 98.5 F. and then two at 104 F. for fifteen minutes. When she left she was able to walk erect without support, and there was scarcely a trace of spontaneous pain, although stretching the knee with the thigh flexed was still slightly painful. The ambulant patients received a Scottish douche and massage two to four times a week. All of the cases were extremely severe and had been previously treated in vain with the entire array of the usual measures. The one case rebellious to these hydrotherapeutic measures and massage confirmed Winternitz's statement that when they fail some complication of the sciatica can be positively assumed.

53. **The Antroscope.**—Reichert treats suppuration in the maxillary sinus by way of the alveole after extracting a tooth. He inserts a hard rubber plug about 7.5 to 8 mm. in diameter and 28 long with a projecting base. This keeps the hole open and allows visual inspection of the cavity by the little instrument he has devised for the purpose, on the principle of the cystoscope. It is about 13 cm. in length and revealed the presence of a tumor or cyst in the three cases in which he has applied it to date.

54. **The Problem of Hemiplegia.**—Rothmann argues to prove that the restitution of active movements in persons affected with hemiplegia is not due to the recuperation of the tracts which have been injured. Restitution of active movements is due to the substitution of other tracts for the injured ones. It is consequently a therapeutic indication of the greatest importance to exercise the paralyzed limbs and practice the muscles of the new routes as soon as possible after the onset of the paralysis. These therapeutic exercises may be effectively supplemented by transplantation of tendons into the paralyzed muscles.

55. **Abortive Treatment of Gonorrhea.**—This article will be reviewed in the "Therapeutics" department of THE JOURNAL.

58. **Diabetes Insipidus and Paralysis of the Bladder.**—Posner describes the case of a man of 48 with polyuria and retention of three-fourths of the urine, which averaged four to six liters a day. Except for a slight cystitis which developed after the catheter was used, he was apparently normal in other respects. The specific gravity of the urine was always below 1005. Posner believes that the trouble was a primary degeneration of the bladder, commencing at the age of 42. It is possible, however, that the paralysis of the bladder is the consequence of distension of the organ by unheeded polyuria. Still another possibility is that both the paralysis and polyuria are the results of some single, unknown cause. But the probabilities are in favor of the assumption that the primary affection was the loss of the nerve impulse warning that the bladder is full and should be emptied. This assumption is sustained by the fact that the patient is constipated to an extent that suggests paresis of the intestinal muscles. In a second patient enuresis was the first symptom noted. Posner, therefore, believes that this ensemble constitutes a new affection, which he designates polyuria with paralysis of the bladder without mechanical cause.

62. **Anesthesin in Treatment of Wounds.**—Lengemann reports that anesthesin has been extensively used at von Mikulicz' clinic and with extremely favorable results. It was principally employed externally as a local anesthetic for granulating surfaces before cauterizing them with the nitrate of silver pencil. It was strewed on the surface as a dry powder and in a few minutes the part had lost its sensitiveness. It was also used to dust painful ulcerating carcinomata, etc., and always with fine results.

63. **Atypical Manifestations in Course of Secondary Syphilis.**—In this communication from Erb's clinic a case is related among others in which it was difficult to decide whether the affection was a recurring exanthem in scarlet fever or a recurring mercurial scarlatiniform erythem.

64. **Conjugal Cancer and Statistics of Cancer.**—Radestock has observed two cases of "cancer à deux." In one case the wife died with cancer of the ovary on a hereditary foundation and seven years afterward the husband, 55 years of age, became affected with cancer of the intestines. In the second case the wife died in consequence of a rapidly developing malignant neoplasm of the esophagus. Three weeks after her death the husband began to complain of similar disturbances and soon died with evidences of a cancer of the esophagus at about the same point. Radestock does not believe in the contagious character of cancer, but admits that this latter case is curious. He has been making an investigation in regard to the occupation of the persons less than 41 years of age who have succumbed to cancer in the last ten years in his district. He found that 49 out of a total of 452 persons dying from cancer—1890 to 1893—were between 30 and 41. Of this number, 17 were men; 10 were workers on iron and 9 of these were affected with carcinoma of the stomach. He also found that 95 out of 846 deaths from cancer reported between 1894 and 1899 were persons of this age, and 15 of the 31 men were workers on iron. Ten of these 13 had been affected with carcinoma of the stomach, 2 of the esophagus and in 1 the site was not mentioned. Another curious fact is that no person employed in the manufacture of textiles could be found in the list of cases of carcinoma under 41.

66. **Costal Sign of Enteroptosis.**—Stiller reiterates his previous statements in regard to the value of the sign of the floating rib for the diagnosis of enteroptosis, nervous dyspepsia and neurasthenia. It enlightens the specialist in stomach dis-

cases as to the nature of the dyspepsia observed and enables him to distinguish between the organic and the functional forms, between the congenital and the acquired tendency. It is a positive sign for the neurologist, and reveals the congenital basis for the dyspeptic form of the neurasthenia. It is a guide for the gynecologist by which he is able to distinguish between genuine enteroptosis and the ptosis induced by purely mechanical causes. It indicates that displacements of the uterus in such cases are only partial manifestations of the general tendency and that this and not the displacement of the uterus is the cause of the nervous-dyspeptic disturbances. The costal sign is also a valuable guide in pediatrics as it warns to use extra exertions to preserve children thus stigmatized from the neurasthenia and nervous dyspepsia to which they are otherwise doomed.

67. **Subcutaneous Injections of Yohimbin.**—Eulenburg has used yohimbin extensively in his practice and states that it has proved invariably successful in curing neurasthenic impotency in his experience. It is more certain and reliable in its action administered in subcutaneous injection.

68. **Anesthesin.**—Dunbar recommends anesthesin which is the ester of para-amido-benzoic acid, as not only a substitute for cocain but as a local anesthetic far surpassing the latter in its effects while it is absolutely non-toxic. He injects into or beneath the skin the following combination: Anesthesin hydrochlorate, .25; sodium chlorate, .15; morphin hydrochlorate .015, and aqua dest., 100. The anesthesia induced is the most perfect that it is possible to conceive, he states, while it persists at its height for more than thirty minutes. The solutions are stable and the favorable way in which wounds heal after its application suggests that it may possess certain antiseptic properties. He recommends it urgently to all surgeons.

Books Received.

Acknowledgment of all books received will be made in this column, and this will be deemed by us a full equivalent to those sending them. A selection from these volumes will be made for review, as dictated by their merits, or in the interests of our readers.

AMERICAN EDITION OF NOTHNAGEL'S ENCYCLOPEDIA. Diphtheria.—By Wm. P. Northrup, M.D., of New York. Measles, Scarlet Fever, and German Measles.—By Professor Dr. Th. von Jurgensen, Professor of Medicine in the University of Tubingen. Edited, with Additions, by William P. Northrup, M.D., Professor of Pediatrics in the University and Bellevue Medical College, New York. Handsome Octavo, 672 Pages, Illustrated, including 24 Full-page Plates, 3 of Them in Colors. Cloth, $5.00 net; Half Morocco, $6.00 net. Philadelphia and London: W. B. Saunders & Co. 1902.

MINOR SURGERY AND BANDAGING, Including the Treatment of Fractures and Dislocations, the Ligation of Arteries, Amputations, Excisions and Resections, Intestinal Anastomosis, Operations upon Nerves and Tendons, Tracheotomy, Intubation of the Larynx, etc. By Henry R. Wharton, M.D., Professor of Clinical Surgery in the Woman's Medical College of Pennsylvania. Fifth Edition, Enlarged and Thoroughly Revised, with 509 Illustrations. Cloth. Pp. 621. Price, $3.00. Philadelphia and New York: Lea Brothers & Co. 1902.

THE NEUROSES OF THE GENITO-URINARY SYSTEM IN THE MALE, WITH STERILITY AND IMPOTENCE. By Dr. R. Ultzmann, Professor of Genito-Urinary Diseases in the University of Vienna. Second Edition. Revised, with Notes and a Supplementary article on Nervous Impotence, by the translator, Gardner W. Allen, M.D., Surgeon in the Genito-Urinary Department of the Boston Dispensary; Illustrated. Pp. 198. 12mo. Price, Extra Cloth, $1.00 net. Delivered. Philadelphia: F. A. Davis Company. 1902.

A PRACTICAL TREATISE ON SMALLPOX. Illustrated by Colored Photographs from Life. By George Henry Fox, A.M., M.D., Consulting Dermatologist to the Health Department of New York City. With the Collaboration of S. D. Hubbard, M.D., S. Pollitzer, M.D., and J. H. Huddleston, M.D. In Two Parts. Price, $3.00. Philadelphia and London: J. B. Lippincott Co. 1902.

DISEASES OF THE NOSE, PHARYNX, AND EAR. By Henry Gradle, M.D., Professor of Ophthalmology and Otology, Northwestern University Medical School, Chicago. Handsome Octavo of 547 Pages, Profusely Illustrated, Including Two Full-page Plates in Colors. Cloth, $3.50 net. Philadelphia and London: W. B. Saunders & Co. 1902.

THE PRACTITIONER'S MANUAL: A Condensed System of General Medical Diagnosis and Treatment. By Charles Warren Allen, M.D., Consulting Genito-Urinary Surgeon to the City (Charity) Hospital. Second Edition, Revised and Enlarged. Cloth. Pp. 889. Price, $6.00. New York: William Wood & Co. 1902.

PRACTICAL DIETETICS, with Special Reference to Diet in Disease. By W. Gilman Thompson, M.D., Professor of Medicine in the Cornell University Medical College in New York City. Second Edition, Enlarged and Thoroughly Revised. Cloth. Pp. 828. Price, $5.00. New York: D. Appleton & Co. 1902.

A PHYSICIAN'S PRACTICAL GYNECOLOGY. By W. O. Henry, M.D., Omaha, Neb., Professor of Gynecology in the Creighton Medical College. With Five Full-page Illustrations and Sixty-one Illustrations in the Text. Cloth. Pp. 229. Price, $2.00. Lincoln, Neb.: The Review Press. 1902.

A LABORATORY GUIDE IN ELEMENTARY BACTERIOLOGY. By William D Frost, M.S., Instructor in Bacteriology, University of Wisconsin. Illustrated. Second Revised Edition. Cloth. Pp. 355. Price, $1.50. Madison, Wis.: Published by the Author. 1902.

TRANSACTIONS OF THE AMERICAN PEDIATRIC SOCIETY, Thirteenth Session, Held at Niagara Falls, N. Y., May 27, 28 and 29, 1901. Edited by Walter Lester Carr, M.D. Volume XIII. Cloth. Pp. 294. Reprinted from Archives of Pediatrics. 1901.

FIFTEENTH BIENNIAL REPORT of the Superintendent of the Iowa Hospital for the Insane at Independence to the Board of Control of State Institutions for the Period Ending June 30, 1901. Paper. Pp. 63. Dubuque: Telegraph-Herald. 1902.

A TEXT-BOOK OF INSANITY. By Charles Mercier, M.B., M.R.C.P., F.R.C.S., Lecturer on Insanity at the Westminster Hospital. Cloth. Pp. 222. Price, $1.75. London: Swan Sonnenschein & Co., Ltd. New York: The Macmillan Co. 1902.

TRANSACTIONS OF THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION. Volume XIV. Fourteenth Session, Held at Richmond, Va., Nov. 12, 13 and 14, 1901. Cloth. Pp. 435. Published by the Association. 1902.

MEDICO-CHIRURGICAL TRANSACTIONS, Published by the Royal Medical and Chirurgical Society of London. Volume LXXXIV. (Second Series, Volume LXVI. Cloth. Pp. 564.) London: Longmans, Green & Co. 1901.

A CATALOGUE OF THE OFFICERS AND FELLOWS, of the Massachusetts Medical Society, Honorary, Active and Retired, Borne upon the Rolls, Jan. 1, 1902. Paper. Pp. 142. Boston: Published by the society.

SECOND ANNUAL REPORT OF THE NATIONAL JEWISH HOSPITALS FOR CONSUMPTIVES, at Denver, Colo., 1901. Paper. Pp. 95.

Queries and Minor Notes.

AMERICAN FORK, UTAH, June 3, 1902.

To the Editor:—In one of the back numbers of THE JOURNAL, I saw that you reported two medical colleges that are recognized which offer a three-years' course instead of four. You would favor me by sending the addresses of those colleges. H. E. R.

ANS.—We know of no medical college of any importance that continues to give degrees after 1902 after only a three-year course. There is but one, the N. C. Medical College, a small institution in a small town, Davidson, N. C., that so far as we know has not announced a change to a four-year course.

New Patents.

Patents of interest to Physicians, etc., May 20 and 27:

700,631. Modified milk and obtaining same. Emil von Dungern, Frankfort-on-the-Main, Germany.
700,528. Inhaler with nasal attachment. George H. Maurer, Washington, D. C.
700,232. Portable inhaling apparatus. Jean Planeur and L. Dutremblay, Paris, France.
700,370. Pill machine. Wm. Rabich, St. Louis.
700,561. Medical cabinet. Winfield S. Rowley and L. B. Freeman, Indianapolis.
701,124. Vaginal syringe. Charles F. Allen, Hueneme, Cal.
701,130. Apparatus for testing the volume of air from the lungs. Michael Benedict, New York City.
700,725. Binaural stethoscope. Robert C. M. Bowles, Boston.
700,733. Pocket spittoon. Richard Buettner, Brooklyn, and X. Marx, New York City.
701,185. Electrotherapeutic apparatus. George W. Euker, Richmond, Va.
700,938. Bandage. Robert W. Johnson, New Brunswick, N. J.
700,939. Surgical absorbent dressing. Robert W. Johnson, New Brunswick, N. J.
700,940. Bandage. Robert W. Johnson, New Brunswick, N. J.
700,783. Galvano-electric therapeutic chain. August Kruger, Stettin, Germany.
701,075. Catheter or the like instrument. Richard P. McCully, Brooklyn.
701,070. Nursing bottle. John W. Minwegen, Chicago.
700,805. Capsule. George H. Paine, Germantown, Pa.
700,806. Manufacture of capsules. George H. Paine, Germantown, Pa.
700,838. Atomizer. Cyrus J. Seltzer, Philadelphia.
700,995. Air-forcing device for atomizers. Charles J. Walz, New York City.

The Public Service.

Army Changes.

Movements of Army Medical Officers under orders from the Adjutant-General's Office, Washington, D. C., May 29 to June 4, 1902, inclusive:

James K. Ashburn, contract surgeon, member of an examining board at Omaha, Neb., vice Lieut.-Col. Charles K. Winne, deputy surgeon-general, relieved.

Wilmont E. Brown, contract surgeon, now at Coolville, Ohio, to duty at Fort Casey, Wash., to relieve Contract Surgeon William M. Hendrickson.

Robert P. Cooke, contract surgeon, now at Jefferson Barracks, Mo., to report for duty at Fort H. G. Wright, N. Y.

Walter Cox, lieutenant and asst.-surgeon, U. S. A., from Washington, D. C., to duty at Fort Banks, Mass.

William D. Crosby, major and surgeon, U. S. A., member of a board at Fort Barrancas, Fla., to examine officers of the Army for promotion.

Thomas Devereux, contract surgeon, now at Minneapolis, Minn., to report for duty at Fort Snelling, Minn.

Haywood S. Hansell, contract surgeon, now at Atlanta, Ga., to report for duty at Fort McPherson, Ga.

Herbert I. Harris, contract surgeon, to duty with troops at Chickamauga Park, Ga.

Philip F. Harvey, lieut.-col. and deputy surgeon-general, relieved from further duty in the Division of the Philippines, to proceed to San Francisco, and report to the Adjutant-General of the Army for further orders. William M. Hendrickson, contract surgeon, on being relieved from duty at Fort Casey, Wash., to return to his home at Wrangel, Alaska, for annulment of contract.

John H. Hess, supervising dental surgeon, to represent the Dental Corps of the Army at the annual meeting of the National Dental Association to be held at Niagara Falls, N. Y., July 26, 1902.

Jefferson R. Kean, major and surgeon, U. S. A., relieved from further duty in the Department of Cuba, to take station in Washington, D. C., until further orders.

Thomas M. Kirkpatrick, captain and asst.-surgeon, U. S. A., member of a board at Fort Barrancas, Fla., to examine officers of the Army for promotion.

Samuel A. Maxwell, contract surgeon, now at Trinidad, Colo., to report for duty at Fort Grant, Ariz.

Charles F. Morse, contract surgeon, now at Montpelier, Vt., to report for duty at Fort Ethan Allen, Vt.

George J. Newgarden, captain and asst.-surgeon, U. S. A., on being relieved from duty at Fort Mason, Cal., to report for transportation to Manila, P. I., for duty in the Division of the Philippines.

Shannon Richmond, captain and asst.-surgeon, Vols., having tendered his resignation, is honorably discharged from the service of the United States, to date from May 31, 1902.

John W. Ross, U. S. Navy, retired, is relieved from duty under the War Department, to take effect June 15, 1902, when he will report in person to the Secretary of the Navy.

Cary R. Snoddy, contract surgeon, now at Nashville, Tenn., to duty at Fort Thomas, Ky.

Henry D. Snyder, captain and asst.-surgeon, U. S. A., to report June 9, 1902, to Colonel Calvin DeWitt, assistant surgeon-general, president of the examining board convened at the Army Medical Museum Building, Washington, D. C., to determine his fitness for promotion.

William Stephenson, major and surgeon, U. S. A., relieved from further duty in the Division of the Philippines, and will proceed to Fort Mason, Cal., to relieve Captain George J. Newgarden, asst.-surgeon, U. S. A.

James S. Wilson, major and surgeon, Vols. (captain and asst.-surgeon, U. S. A.), relieved from further duty in the Division of the Philippines, and will proceed to San Francisco, and on arrival will telegraph to the Adjutant-General of the Army for orders.

Navy Changes.

Changes in the Medical Corps of the Navy, for the week ending June 7, 1902:

Medical Inspector E. H. Green, detached from duty as a member of the Medical Examining Board, Washington, and ordered to the *Wisconsin* as fleet surgeon of the Pacific Station.

P. A. Surgeon D. B. Kerr, detached from the Boston Navy Yard, June 5, and ordered to duty with a recruiting party.

Surgeon H. T. Percy, detached from the Naval Recruiting Rendezvous, Philadelphia, Pa., and ordered to the *Indiana*.

Surgeon C. Biddle, detached from the *Indiana*, and ordered to the Naval Recruiting Rendezvous, Philadelphia.

Surgeon John W. Ross, retired, relieved from duty with the War Department in Cuba, to take effect June 15, and to report to the Secretary of the Navy on that date.

Marine-Hospital Changes.

Official list of the changes of station and duties of commissioned and non-commissioned officers of the U. S. Marine-Hospital Service for the fourteen days ended June 5, 1902:

Surgeon Preston H. Bailhache, leave of absence for five days from May 21, 1902, under paragraph 179 of the regulations. Bureau letter of May 10, 1902, directing Surgeon Bailhache to represent the service at meeting of American Congress of Tuberculosis, at New York City, revoked. Detailed to represent service at meeting of American Medical Association, at Saratoga Springs, N. Y., June 10 to 13.

Surgeon G. W. Stoner, detailed to represent service at meeting of American Congress of Tuberculosis, at New York City, June 2, 3, 4.

Surgeon A. H. Glennan, detailed for duty in office of U. S. Consul-General, at Havana, Cuba.

Surgeon P. M. Carrington, granted leave of absence for fifteen days from June 6, 1902; fifteen days' leave of absence granted by Bureau letter of May 2, 1902, revoked. Detailed to represent service at meeting of American Medical Association, at Saratoga Springs, N. Y., June 10 to 13; upon completion of detail to rejoin station via Washington, D. C.

Surgeon L. L. Williams, detailed to represent service at meeting of Association of Military Surgeons, at Washington, D. C., June 5, 6, 7.

Surgeon G. T. Vaughan, detailed to represent service at meeting of Association of Military Surgeons at Washington D. C., June 5, 6, 7.

Surgeon J. O. Cobb, granted leave of absence for fifteen days from June 6.

P. A. Surgeon Rupert Blue, to proceed to Sheboygan, Wis., for special temporary duty.

P. A. Surgeon J. L. Greene, to proceed to Immigration Depot, New York City, and report to Surgeon R. W. Stoner for temporary duty.

P. A. Surgeon Hill Hastings, to proceed to Cananea, Mexico, for special temporary duty.

Asst.-Surgeon John McMullen, granted five days' extension of leave of absence from May 29.

Asst.-Surgeon H. C. Russell, granted leave of absence for one week from May 24, 1902, under paragraph 181 of the regulations. Granted two weeks' extension of leave of absence from May 30.

Asst.-Surgeon R. H. von Ezdorf, detailed for duty in the Division of the U. S. Consul-General at Havana, Cuba, for duty at Matanzas.

Asst.-Surgeon F. E. Trotter, detailed for duty in the office of U. S. Consul-General, at Havana, Cuba.

A. A. Surgeon F. Duffy, Bureau letter of May 15, granting leave of absence for six days from May 19, amended so that said leave shall be effective May 28.

A. A. Surgeon S. B. Foster granted leave of absence for eight days.

A. A. Surgeon A. W. Slaughter, granted leave of absence for fourteen days from June 1.

A. A. Surgeon W. H. Marsh, granted leave of absence for sixteen days from June 3.

A. A. Surgeon E. L. Stewart, granted leave of absence for thirty days.

Junior Pharmacist W. C. Phillips, granted five days' leave of absence from May 11, 1902, under paragraph 201 of the regulations.

BOARDS CONVENED.

Board convened at New Orleans, La., May 30, 1902, for the physical examination of an officer of the Revenue Cutter Service. Detail for the Board: P. A. Surgeon C. P. Wertenbaker, chairman; Asst.-Surgeon J. W. Schereschewsky, recorder.

Board convened at San Francisco, June 7, 1902, for the physical examination of officers of the Revenue Cutter Service. Detail for the Board: P. A. Surgeon W. G. Stimpson, chairman; P. A. Surgeon H. S. Cumming, recorder.

Board convened at Washington, D. C., June 12, 1902, for the physical examination of an officer of the Revenue Cutter Service. Detail for the Board: Surgeon G. T. Vaughan, chairman; Asst.-Surgeon B. S. Warren, recorder.

Health Reports.

The following cases of smallpox, yellow fever, cholera and plague have been reported to the Surgeon-General, U. S. Marine-Hospital Service, during the week ended June 7, 1902:

SMALLPOX—UNITED STATES.

Colorado: Denver, May 17-24, 7 cases.
Florida: Jacksonville, May 24-31, 1 case.
Illinois: Chicago, May 24-31, 12 cases; Freeport, May 17-24, 4 cases.
Indiana: May 17-24, Indianapolis, 14 cases; Terre Haute, 1 case.
Kansas: Wichita, May 17-24, 5 cases.
Kentucky: Covington, May 24-31, 8 cases.
Louisiana: New Orleans, May 24-31, 2 cases.
Maine: Biddeford, Jan. 1-May 29, 2 cases.
Massachusetts: Boston, May 24-31, 23 cases, 3 deaths; Brockton, May 17-24, 1 case; Cambridge, May 10-31, 12 cases; Everett, May 24-31, 1 case; Lawrence, May 17-24, 2 cases; Malden, May 24-31, 3 cases; Melrose, May 24-31, 2 cases; Newbern, May 24-31, 2 cases.
Missouri: St. Louis, May 18-25, 25 cases.
Montana: Butte, May 18-25, 4 cases.
Nebraska: Omaha, May 17-31, 47 cases.
New Hampshire: Nashua, May 24-31, 2 cases.
New Jersey: Hudson County, including Jersey City, May 18-25, 36 cases, 1 death.
New York: Elmira, May 17-31, 1 case, 1 death; New York, May 24-31, 63 cases, 2 deaths.
Ohio: Cincinnati, May 23-30, 11 cases; Cleveland, May 17-31, 68 cases, 9 deaths; Hamilton, May 24-31, 2 cases; Toledo, May 17-24, 6 cases.
Pennsylvania: Erie, May 17-24, 2 cases; Johnstown, May 24-31, 2 cases; Philadelphia, May 24-31, 9 cases, 5 deaths.
Tennessee: Memphis, May 24-31, 12 cases.
Utah: Salt Lake City, May 17-24, 6 cases.
Vermont: Rutland, April 26-May 31, 13 cases, 1 death.
Washington: Tacoma, May 18-25, 1 case.
Wisconsin: Green Bay, May 18-June 1, 5 cases; Janesville, May 17-24, 2 cases; Milwaukee, May 17-31, 12 cases.

SMALLPOX—FOREIGN.

Austria: Prague, May 3-17, 8 cases.
Belgium: Antwerp, May 3-17, 14 cases, 4 deaths; Brussels, May 10-17, 1 death.
Canada: Halifax, May 17-31, 2 cases, 1 death; Quebec, May 3-24, 34 cases; Winnipeg, May 17-24, 2 cases.
France: Paris, May 10-17, 2 deaths.
Great Britain: Birmingham, May 10-17, 4 cases, 1 death; Glasgow, May 16-23, 4 cases; Liverpool, May 10-17, 1 case; London, May 10-17, 233 cases, 37 deaths.
India: Bombay, April 22-29, 7 deaths.
Italy: Naples, May 10-17, 5 cases.
Mexico: City of Mexico, May 11-25, 1 death; Vera Cruz, May 18-24, 1 case, 3 deaths.
Russia: Moscow, May 3-10, 16 cases, 1 death; Odessa, May 3-17, 15 cases, 3 deaths.

YELLOW FEVER.

Colombia: Panama, May 10, 8 cases, 6 deaths.
Mexico: City of Mexico, May 11-18, 1 death; Vera Cruz, May 18-24, 36 cases, 15 deaths.

CHOLERA—INSULAR.

Philippines: Manila, March 20-April 18, 278 cases, 208 deaths; Bataan Province, March 30-April 18, 241 cases, 166 deaths; Bulacan Province, March 30-April 18, 123 cases, 89 deaths; Camarines Province, March 30-April 18, 204 cases, 113 deaths; Cavite Province, March 30-April 18, 5 cases, 5 deaths; Ilocos Norte Province, March 30-April 18, 1 case, 1 death; Laguna Province, March 30-April 18, 1 case, 1 death; Pampanga Province, March 30-April 18, 29 cases, 30 deaths; Rizal Province, March 30-April 18, 47 cases, 34 deaths.

CHOLERA—FOREIGN.

India: Bombay, April 22-29, 2 deaths.

PLAGUE.

India: Bombay, April 22-29, 520 deaths; Karachi, April 26-May 4, 127 cases, 105 deaths.